



# Catholic Scripture Study

INTERNATIONAL

STUDENT REGISTRATION FOR \_\_\_\_\_

Day: \_\_\_\_\_  AM  PM

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Address: \_\_\_\_\_

Notes: \_\_\_\_\_

Please make checks payable to: \_\_\_\_\_

If returned by mail, send to: \_\_\_\_\_

Registration Fee: \_\_\_\_\_



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