

# What We Believe

THE BEAUTY OF THE CATHOLIC FAITH



## STUDY REGISTRATION FORM

### PARTICIPANT INFORMATION:

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

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

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

### REGISTRATION OPTIONS:

Participant Fee: \_\_\_\_\_

Donation to Scholarship Fund: \_\_\_\_\_

Total: \_\_\_\_\_

Cash Y/N \$ \_\_\_\_\_

Check Y/N \$ \_\_\_\_\_

Checks can be made payable to:

Mail checks to:

To request financial assistance, please email \_\_\_\_\_ at \_\_\_\_\_ or call \_\_\_\_\_

Special needs: \_\_\_\_\_

Volunteer opportunities: Small-Group Facilitator Y/N? \_\_\_\_\_ Hospitality Y/N? \_\_\_\_\_

Other: \_\_\_\_\_



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