

# Registration Form

Register me for the following programs:

- |                               |                               |                          |                              |
|-------------------------------|-------------------------------|--------------------------|------------------------------|
| <input type="checkbox"/> 9-1  | <input type="checkbox"/> 12-1 | <b>On-going programs</b> |                              |
| <input type="checkbox"/> 9-2  | <input type="checkbox"/> 12-2 |                          |                              |
| <input type="checkbox"/> 10-1 | <input type="checkbox"/> 12-3 |                          | <input type="checkbox"/> O-1 |
| <input type="checkbox"/> 10-2 | <input type="checkbox"/> 2-1  |                          | <input type="checkbox"/> O-2 |
| <input type="checkbox"/> 10-3 | <input type="checkbox"/> 3-1  |                          | <input type="checkbox"/> O-3 |
| <input type="checkbox"/> 10-4 | <input type="checkbox"/> 3-2  |                          | <input type="checkbox"/> O-4 |
| <input type="checkbox"/> 10-5 | <input type="checkbox"/> 3-3  |                          | <input type="checkbox"/> O-5 |
| <input type="checkbox"/> 10-6 | <input type="checkbox"/> 3-4  |                          | <input type="checkbox"/> O-6 |
| <input type="checkbox"/> 10-7 | <input type="checkbox"/> 4-1  |                          |                              |
| <input type="checkbox"/> 11-1 | <input type="checkbox"/> 4-2  |                          |                              |
| <input type="checkbox"/> 11-2 | <input type="checkbox"/> 5-1  |                          |                              |
| <input type="checkbox"/> 11-3 | <input type="checkbox"/> 5-2  |                          |                              |

Deposit enclosed \$ \_\_\_\_\_

Full payment of \$ \_\_\_\_\_

I will pay at the door.

Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

City \_\_\_\_\_

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

Phone \_\_\_\_\_

E-mail \_\_\_\_\_

**Return to:** Kearns Spirituality Center  
9000 Babcock Blvd.  
Allison Park, PA 15101-2713

Place  
Stamp  
Here

**Kearns Spirituality Center  
9000 Babcock Blvd.  
Allison Park, PA 15101-2713**