Institute for Christian Studies
School of Continuing Education
2011-2012 Registration Form

Name: _____
Address: _____
City: _____
State: _____ Zip Code: _____
Phone (H): _____ Phone (W): _____
E-mail: _____
Parish: _____

Please enroll me in the following courses:

Course Name	Course Date

Check one:

- ☐ I plan to audit the courses. Cost: $35.00 per Saturday
- ☐ I plan to take the courses for credit. Cost: $45.00 per Saturday
- ☐ Please order lunch for me. Cost: $8.00 per Saturday

Please email course registration form to The Ven. Kristi Alday at kalday@cfdiocese.org. Prepayments, along with the course registration form, may be mailed to:

The Ven. Kristi Alday
The Diocese of Central Florida
1017 East Robinson Street
Orlando, FL 32801

Course fees may be paid in advance or on the day of class. Please make checks payable to the Diocese of Central Florida with ICS on the memo line.