



Diocese of Covington
REGISTRATION FORM
SUMMER TREATS FOR THE SOUL



Name _____ Name of parish _____

Home Address _____

City _____ State _____ Zip Code _____

Email (*Preferred*) or Daytime Phone _____

Course	Location and Date/s

Please enclose **\$35.00 per course** with completed registration form and mail to:
Dept. of Catechesis & Formation, Diocese of Covington, 1125 Madison Avenue, Covington, KY 41011-3115