



## Group Registration

Please use this form if registering 5 or more participants. Upon receipt of form and payment we will send an enrollment key so that participants may create their online account and enter into the course.

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

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

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

Contact E-Mail: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Contact Phone: \_\_\_\_\_

### Parish Group Registration (If registering groups for more than one course, please use a separate page)

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

Course Location: \_\_\_\_\_

Course Session: ☐ Fall      ☐ Winter      ☐ Spring      ☐ Summer      Year: \_\_\_\_\_

#### Participant Information:

Name	Email	Phone
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Archdiocese of Baltimore | Group Registration

**Please submit form and payment to:**

Archdiocese of Baltimore  
Department of Evangelization  
Equip for Ministry  
320 Cathedral Street  
Baltimore MD 21201