



Saint Michael's Church
Catholic Scripture Study

Student's Full Name _____

Email Address _____

Phone Number _____

Classes Offered: *(Please 'x' all that you want to attend.)*

Fall Study Wednesdays: **Isaiah**: Wednesdays 7:15-8:45pm: \$55

Fall Study Thursdays: **Revelation**: Fridays 9:30-11:00am: \$55

Amount Due: \$ _____

Amount Paid: \$ _____

Cash _____

Check # _____