



ADULT REGISTRATION

2009 ~ 2010

Tuesday Evenings 6:00 to 7:30 p.m.
Sept. 29, 2009 - May 4, 2010

Faith, Family & Friends

Individual & Family Religious Education & Faith Formation Program

St. Paul Newman Center
1572 E. Barstow Ave.
Fresno, CA 93710
(559) 436-3434 fax 436-3430
website: <http://www.csufnewman.com>

EACH ADULT: \$40, FAMILY MAXIMUM: \$120.00

If you have children under 18 years old please complete a family registration form instead of this green form.

Please Print Clearly

Last Name: _____ Home Phone: _____

Mailing Address: _____

City: _____

Zip: _____

Adult # 1: _____ Cell Phone: _____ Work Phone: _____

Email: _____ Emergency contact name & number: _____

Adult # 2: _____ Cell Phone: _____ Work Phone: _____

Email: _____ Emergency contact name & number: _____

Adult # 3: _____ Cell Phone: _____ Work Phone: _____

Email: _____ Emergency contact name & number: _____

Contact persons:

John Prandini
Family Life Ministries
436-3439

email: prandinij@csufnewman.com

Deacon John Supino
Adult Confirmation
436-3434

email: john@csufnewman.com

Arlene Kalchik
Becoming Catholic
392-7836

email: amkalchik@gmail.com

Office Use Only

Tuition Paid \$ _____ Date received: _____ Check # _____

Credit Card _____ Cash _____ Photograph release _____

ADULT PHOTOGRAPH RELEASE

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Authorization to Publish Pictures

Please fill out and sign below to grant permission to use pictures of you taken during our religious education program (classes/retreats/events) on the church web site, church bulletin, and/or Faith, Family & Friends newsletter. No names will accompany any photographs used on the web site.

I(We), _____ (print your name/s)
GRANT permission for St. Paul, Newman Center to publish pictures of me and/or us on the church's web site, church's bulletin, and/or Faith, Family & Friends newsletter. I(We) understand that if I(We) give notice to the Director of Religious Education that I(We) object to any particular picture of me(us) on the web site, it will be removed as soon as possible. I(We) understand that the named above will be paid any royalty or other compensation for the publication of the pictures.

SIGNED _____ Date _____

SIGNED _____ Date _____

SIGNED _____ Date _____

PLEASE NOTE: BY REFUSING TO GRANT THIS PERMISSION, YOU ARE RESPONSIBLE TO INFORM THE PERSON TAKING PICTURES, AND YOU ARE ALSO RESPONSIBLE FOR KEEPING OUT OF THE PICTURES AT OUR PROGRAM'S EVENTS.