

CATHOLIC MEDITATIONS for EDUCATORS OF THE YOUNG



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APPLICATION FORM

to participate in course/journey: ***Spiritual formation for educators of young people***

Name:

Address:

.....

E/Mail Phone:

Name of Institution (if applicable):

Position:

Signed: Date:.....

SEND COMPLETED FORM TO **CATHOLIC MEDITATIONS FOR EDUCATORS OF THE YOUNG** BY EMAIL OR POST.

COURSE INTAKE IS LIMITED. IF YOU ARE ACCEPTED, AN INVOICE WILL BE FORWARDED TO YOU.

RECEIPT OF DONATION (\$150) WILL FORMALISE YOUR REGISTRATION.