



Catholic Communities of  
St. Theresa & St. Christopher

265 Stafford Road

Tiverton, RI 02878

## Registration Form

Name \_\_\_\_\_

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

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

HOME Phone: \_\_\_\_\_ CELL Phone: \_\_\_\_\_

e-mail(s): \_\_\_\_\_

Fee for materials: **\$20.** (*book and schedule will be distributed at 1<sup>st</sup> session*)

Paid \_\_\_\_\_ Bill \_\_\_\_\_

Questions? Comments? Concerns? (*write below*)