

THE PROPHETS

Messengers of God's Mercy



Study Registration Form

Participant Information

Name: _____

Address: _____

City: _____

State, Zip _____

Email: _____

Please choose one: 10:00 AM _____

6:30 PM _____

Registration Options

Participant Fee: _____

Donation to Scholarship Fund: _____

Total: _____

Cash Y/N? _____

Check Y/N? _____

Checks can be made payable to:

and mailed to:

To request financial assistance please email _____ at _____ or call _____.

Special Needs: _____

Volunteer Opportunities: Small Group Facilitator Y/N? _____ Hospitality Y/N? _____

Other _____



Visit BibleStudyforCatholics.com to learn more about *The Great Adventure* Catholic Bible study program.

REVELATION

The Kingdom Yet to come



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Email: _____

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Total: _____

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