



**PARISH ADMINISTRATION PROGRAM
REGISTRATION FORM - FALL 2003**

RELX 920.01 – Parish Administration I – FALL 2003 – CRN 50407

Name _____
Title First Middle Last Suffix

Address _____

City _____ State _____ Zip _____

Daytime Phone (_____) _____

Evening Phone (_____) _____

Email Address _____

Social Security Number _____ - _____ - _____
(for registration purposes only)

Date of Birth _____ / _____ / _____
(for registration purposes only)

Enclosed is my check for \$ 600.00 *(payable to Loyola Marymount University)*

Please charge \$ 600.00 to my credit card: Mastercard Visa

Cardholder Name _____

Account Number _____

Expiration Date _____ Billing ZipCode _____

Signature _____

Please complete and mail this form with your payment to:

Center for Religion and Spirituality
Loyola Marymount University
One LMU Drive, Suite 1840
Los Angeles, CA 90045-2659

or FAX this form with credit card info to 310-338-2706