



# REGISTRATION FORM

The Church Development Institute  
in the Diocese of Northern Indiana



**Congregation:** \_\_\_\_\_

**Clergy**      **Name:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Cell:** \_\_\_\_\_

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

**Layperson**      **Name:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Cell:** \_\_\_\_\_

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

**Layperson**      **Name:** \_\_\_\_\_

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**Layperson**      **Name:** \_\_\_\_\_

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**Layperson**      **Name:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Cell:** \_\_\_\_\_

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