

Saint Joseph of Arimathea Theological College
2020 Summer Session Registration Application

SESSION DATES – July 20th – July 31st, 2020

(Please PRINT all information, except your signature)

Name _____

Mailing Address _____

City: _____ State: _____ ZIP: _____

Email _____

Telephone (cell) _____

Telephone (other) _____

Emergency Contact Information:

Name _____ Relationship _____

Telephone _____

APCK Parish & Diocese or Church Affiliation _____

Are you a Postulant for Holy Orders in the APCK? Yes () No ()

Have you attended a St. Joseph's Summer Session before? Yes () No ()

If yes, when? _____

Why do you wish to attend Summer Session?

Signed: _____