



## ALMI Registration Form

Please include payment with registration or contact our office to make other arrangements. **If registering for Mentoring Class, please include Mentor's Name.**

**Make checks payable to ALMI** and return to

ALMI Attention: Linda McLemore

1935 Lewiston Drive,

Louisville, KY 40216

502-448-8581 Fax: (502-448-5518) / [lmclmore@archlou.org](mailto:lmclmore@archlou.org)

Name: \_\_\_\_\_

Date: \_\_\_\_\_

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

Phone: (hm) \_\_\_\_\_ (wk) \_\_\_\_\_ (cell) \_\_\_\_\_ Email: \_\_\_\_\_

Parish: \_\_\_\_\_ Grade: \_\_\_\_\_ School: \_\_\_\_\_ Grade: \_\_\_\_\_

| Course # | Course Title | Date/Location      | Cost (refer to catalog/calendar) |
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|          |              | <b>Total Cost:</b> |                                  |

