



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) / ALMI@archlou.org

Name: _____

Date: _____

Address: _____

Phone: (hm) _____ (wk) _____ (cell) _____ Email: _____

Parish: _____ Grade: _____ School: _____ Grade: _____

Course #	Course Title	Date/Location	Cost (refer to catalog/calendar)
		Total Cost:	

