

# NO GREATER LOVE

A BIBLICAL WALKTHROUGH  
CHRIST'S PASSION



## Study Registration Form

### Participant Information:

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

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

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

### Registration Options:

Participant Fee: **\$24.00** \_\_\_\_\_

Donation to Scholarship Fund: \_\_\_\_\_

Total: \_\_\_\_\_

Cash Y/N \$ \_\_\_\_\_

Check Y/N \$ \_\_\_\_\_

Checks payable: **St. Michael**

Mail checks to: **3354 W. 30<sup>th</sup> Street 46222**

To request financial assistance, please contact **Deanna** at **Deanna@saintmichaelindy.org** or **317-921-3284**

Special needs: \_\_\_\_\_

Volunteer opportunities: Small-Group Facilitator Y/N? \_\_\_\_\_ Hospitality Y/N? **Bring your own snacks**



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