

ARCHDIOCESE OF BALTIMORE  
DIVISION OF MINISTRY FORMATION AND DEVELOPMENT  
**CHURCH LEADERSHIP INSTITUTE**  
REGISTRATION FORM

**PLEASE TYPE OR PRINT CLEARLY**

Returning participants need only enter their contact information if there is a change.

Name \_\_\_\_\_ Student ID number \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

City, State, Zip \_\_\_\_\_ Alternate Phone \_\_\_\_\_

Email \_\_\_\_\_

Highest Level of Education \_\_\_\_\_

Parish or School Name and Location \_\_\_\_\_

First Course in CLI  Please indicate which level you are taking courses in and what track you are in, if applicable.

Level One: Core       Level Two: Theology       Level Three: Ministry Skills

Declared Track \_\_\_\_\_

Course Number      Course Name      Location

\_\_\_\_\_

\_\_\_\_\_

**Payment**      **The fee for each course is \$120.00.**

**Check** – make payable to **Church Leadership Institute**      Amount \_\_\_\_\_

Check number \_\_\_\_\_

**Credit Card**      Visa  MasterCard

Amount \_\_\_\_\_ Card number \_\_\_\_\_ exp. date \_\_\_\_\_

Name as it appears on the card \_\_\_\_\_

Please mail this form with the payment to:  
Church Leadership Institute  
Division of Ministry Formation and Development  
320 Cathedral Street • Baltimore, MD 21201

For online registration and payment  
visit our website:  
[www.archbalt.org/cli](http://www.archbalt.org/cli)

**For Office Use Only**

Date received \_\_\_\_\_ Entered in database \_\_\_\_\_ Attendance \_\_\_\_\_

Books sent \_\_\_\_\_ Postcard \_\_\_\_\_

**PLEASE MAKE ADDITIONAL COPIES OF THIS FORM AS NEEDED**

jkr 06272008