

MEXICAN AMERICAN CULTURAL CENTER

Tel: (210) 732-2156, Ext. 7102

Fax: (210) 732-9072

E-mail: macc@maccsa.org

Web: www.maccsa.org

REGISTRATION FORM

Please type or print in blank ink

Have you taken classes at MACC before?

Yes No

PERSONAL INFORMATION

Name: _____
First Middle Initial Last Community (Preferred Name)

Title: Mr. Miss Ms. Mrs. Rev. Fr. Sr. Br. Dr. Rabbi Other _____

Gender: Male Female Marital Status: _____

Permanent Mailing Address: _____
Number and Street

City State Zip Code Country

Day Telephone: (_____) _____ E-mail: _____

Night Telephone: (_____) _____

Current Mailing Address (if different from above): _____
Number and Street

City State Zip Code Country

Current telephone: (_____) _____ Current address and telephone are effective until: ____ - ____ - ____

THE FOLLOWING INFORMATION IS OPTIONAL:

Social Security Number: _____ - _____ - _____ Country of Origin: _____

Date of Birth: _____ - _____ - _____ Occupation: _____

Ethnic/Racial Group: Hispanic White, Non-Hispanic African-American American Indian Asian Other _____

Education: Grade School High School Some College B.A. Masters Doctorate Other _____

Religious Affiliation: Catholic Protestant, _____ Jewish Eastern Orthodox None Other _____

If Catholic, what is your diocese: _____

Courses (mark selected courses)	Session (circle desired session(s))	Dates (fill in course dates)
<input type="checkbox"/> Mini Pastoral (MP)	Spanish English	
<input type="checkbox"/> Hispanic Pastoral Ministry (HPM)	Spanish English	
<input type="checkbox"/> Intensive Pastoral Spanish (IPS) (IS) Beginner Intermediate Advanced	A B C D E F G H I J K Spring Summer Fall	
<input type="checkbox"/> Intensive Pastoral English (IPE) (IE) Beginner Intermediate Advanced	A1 A2 B C D/E F G/H1 H2 I J K Spring Summer Fall	
<input type="checkbox"/> Immersion Guadalajara, Jal. MX		
<input type="checkbox"/> Workshop:		

Living Arrangements: On-Campus, Special Needs (Disabilities): _____

Off-Campus, address/telephone where staying: _____

BILLING Tax-exempt ID # (If applicable): _____

Bill my account to: _____
Name of person or organization Street Address and number

City State Zip Code Country

Are you taking course for Credit? Yes No

Institution: _____

Mail this form and a check or money order in the amount of \$65 (non-refundable registration fee) to:
MACC Registrar, P.O. Box 28185, San Antonio TX 78228