



LOVE+TEACH+HEAL LEADERSHIP ACADEMY

EXPLORING WAYS TO KNOW AND SERVE GOD AND GOD'S PEOPLE, TOGETHER

NAME:

ADDRESS:

E-MAIL:

HOME PHONE: _____

BUSINESS PHONE: _____

CELL PHONE: _____

PARISH OF MEMBERSHIP:

PARISH ADDRESS:

PRIEST NAME:

SIGNATURE _____

DATE _____

MAIL REGISTRATION TO:

EPISCOPAL DIOCESE OF PITTSBURGH
ATTN: LTH LEADERSHIP ACADEMY
THE REV. CANON NATALIE HALL
325 OLIVER AVENUE, SUITE 300
PITTSBURGH, PA 15222

YOU MAY ALSO SEND THIS FORM ELECTRONICALLY TO: NHALL@EPISCOPALPGH.ORG

**Please use a separate sheet of paper as needed*

WHY WOULD YOU LIKE TO PARTICIPATE IN THE LOVE+TEACH+HEAL LEADERSHIP ACADEMY?

WHAT BENEFIT DO YOU BELIEVE PARTICIPATION MIGHT BE TO YOU IN YOUR FAITH LIFE AND PRACTICE?

HOW DO YOU BELIEVE YOUR PARTICIPATION MAY BENEFIT YOUR HOME PARISH?

DESCRIBE TOPICS OF SPECIAL INTEREST TO YOU THAT YOU WOULD LIKE TO SEE DISCUSSED WHILE PARTICIPATING IN THE LOVE+TEACH+HEAL LEADERSHIP ACADEMY:

DESCRIBE GIFTS, ABILITIES, AND CHARACTERISTICS THAT YOU BRING TO THE GROUP:

ANYTHING YOU FEEL THAT LOVE+TEACH+HEAL LEADERSHIP ACADEMY LEADERS SHOULD KNOW: