



Episcopal School for Ministry
DIOCESE OF MISSOURI

REGISTRATION: SUMMER 2020

NAME: (first) _____ (last) _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

EMAIL: _____

PHONE NUMBER: _____ - _____ - _____

HOME CHURCH (if applicable): _____

CITY OF HOME CHURCH: _____

SUMMER 2020 COURSES (select one):

_____ Christian Spirituality (CS) _____ The Living Body of Christ (CH1)

Questions? Contact the Registrar at ESMRegistrar@diocesemo.org or the Dean at crossnoe@gmail.com