

Advocates Training Sessions - Registration Form

**Archdiocese of Miami
THE METROPOLITAN TRIBUNAL**

Sponsoring Parish _____

1) Advocate's Name to be enrolled: _____

Address: _____

City: _____ State _____ Zip Code _____

Occupation: _____

Home Phone: _____ Cell: _____ Work: _____

Year: **2018** Paid - YES ()

Email: _____

2. Name _____

Address _____

City: _____ State _____ Zip Code _____

Occupation: _____

Home Phone: _____ Cell _____ Work _____

Year: **2018** Paid, YES - ()

Email: _____

Signature of Pastor _____

Parish Phone # _____

Parish E-mail _____

**Please sign and mail this form together with the registration fee of \$50.00 per student.
Metropolitan Tribunal 9401 Biscayne Blvd. - Miami Shores, FL. 33138-2000
Attention Roberto Aguirre**