

Program Registration Form

Please print this form, fill it out and mail with a check to:

Ruah Interfaith Spirituality Program of CMM

474 Centre Street
Newton, MA 02458

Please make checks payable to: **Cooperative Metropolitan Ministries**

Name: _____

Organization: _____

Address: _____

City: _____ State: _____ ZIP Code: _____

Phone #: _____ (home) _____ (work)

E-mail: _____

Please register me for the following programs:

Amount Enclosed: \$ _____

For more information on programs, please call 617-244-3650 or e-mail info@coopmet.org
For information on scholarship assistance or payment plans, please contact CMM Registrar, at 617-244-3650.