

Registration Form

Holy Spirit Conference - September 17, 18 & 19, 2010

 First Last Name

 First Last Name

Address: _____

City _____ Zip _____

Email _____

Additional Registrants:

Name: _____

Name: _____

Name: _____

Name: _____

| | No. Of Persons | | Per Person | | Amount |
|---------------------------------------|----------------|---|------------|---|--------|
| Adult - Saturday & Sunday | | X | \$20.00 | = | |
| Youth Program - Weekend | | X | \$10.00 | = | |
| Lunches - per day | | X | \$6.00 | = | |
| Donations to assist other registrants | | X | | = | |
| Total | | | | | |

Make checks payable to CCR. Mail form and check to
 Catholic Charismatic Renewal
 PO Box 347033
 San Francisco, CA 94134
 (415) 564-PRAY

Pick up name tags at the registration table. If there are more than two adults registering please supply those names. For youth provide first names.

For hotel reservations, state that you are with San Francisco Charismatic Renewal
Hampton Inn San Francisco-Daly City
 2700 Junipero Serra Boulevard, Daly City, California, USA, 94015
 1-650-755-7500

You also can register and pay online at WWW.SFSpirit.com