

2019 Scranton Charismatic Conference Children's Tract Registration Form (Ages 5 –11)

(One form per person. Please duplicate this form for more than one registration.)

Registration Form must be accompanied by the Conference Release Form

PLEASE PRINT CLEARLY OR TYPE

TODAY'S DATE ____/____/____

NAME: _____

BIRTH DATE: ____/____/____

GENDER: MALE / FEMALE (circle answer)

GRADE finished in June: ____

ADDRESS: _____

PHONE: _____ - _____

CITY: _____ STATE: _____ ZIP CODE: _____

NAMES OF PEOPLE AUTHORIZED TO PICK UP/DELIVER YOUR CHILD TO THE CONFERENCE SESSIONS: _____

CHILD'S ALLERGIES: _____

CHILD'S MEDICAL AND/OR BEHAVIOR PROBLEMS: _____

CHILD REGISTRATION	First time attending the conference? Yes No (Circle answer)	FEE: \$5.00
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Six (6) Meal Plan at Campus Dining Hall (Friday Dinner thru Sunday Lunch)	\$43.00 per person	\$ _____
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Five (5) Meal Plan (Saturday Breakfast, Lunch, and Dinner Plus Sunday Breakfast and Lunch)	\$33.00 per person	\$ _____
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Three (3) Meal Plan (Saturday Lunch and Dinner plus Sunday Lunch)	\$24.00 per person	\$ _____
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TOTAL MEALS	\$ _____
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**THE ABOVE MEAL PLAN PRICES ARE FOR CHILDREN AGES 5 THRU 11.
THESE PLANS MUST BE PURCHASED BY MAIL.
No Refunds for Unused Meal Tickets**

HOUSING REQUEST FORM

____ I will make my own arrangements for off campus housing.

____ I prefer on campus housing \$48.00 per person – double occupancy – non A/C Family Residence Hall.

I wish to share a room with: _____
(Children must share a room with an adult /Registrations must be mailed together)

TOTAL HOUSING \$ _____

TOTAL AMOUNT PAID \$ _____

ALL FEES MUST ACCOMPANY THIS REGISTRATION FORM.

Please make checks payable to Catholic Charismatic Renewal and return the forms to C.C.R.; PO Box 3306; Scranton, PA 18505-0306
Please do not send cash thru the mail. Telephone (570)344-2214 for further information.