

MAIL-IN REGISTRATION
49th Annual DCCW Convention – April 19-20, 2024
REVIVAL!

Please Print:

Name _____

Address _____ City _____ Zip _____

Phone _____ Parish _____

E-Mail _____

Clergy ____ Religious ____ Member ____ Daughter ____ Guest ____ 1st Time Attendee ____ DCCW Board ____

(Clergy & religious do not pay registration fees)

Early Registration for Friday, April 19 \$35.00 \$ _____
Includes Baked Potato Bar lunch

Daughter(s) / Friend who has never attended a convention \$25.00 each \$ _____

Fun Night – Dinner & Trivia Games \$10.00 \$ _____

Early Registration for Saturday, April 20 \$45.00 \$ _____
Includes Bishop's Luncheon: salad, Chardonnay chicken, rosemary potatoes, veggies, dessert

Daughter(s) / Friend who has never attended a convention \$25.00 each \$ _____

Guest's name(s) _____

Registration after April 1 – add \$10.00 \$ _____

Total cost \$ _____

**

**

Indicate medically-necessary dietary needs

Emergency Contact Name _____

Phone number _____

Registration closes Sunday, **April 14**

☐ I would like to sponsor a scholarship (add \$40 or other amount)

☐ I would like to apply for a scholarship - call Cynthia (below)

Mail check and registration form to:

Phone: **850-712-1221**

E-mail: **CCLCDL7@gmail.com**

Cynthia Lacour

Attn: DCCW Convention

10099 Nelle Ave, #206

Pensacola, FL 32507

Make checks payable to: **DCCW Convention Fund**

Refund requests must be in writing and mailed to the above address. No refunds after April 14

Office use only: Date Received _____ Check # _____ Amount \$ _____