



2018 MARIAN CONFERENCE

Registration Form

Flip card if Clergy/Religious

Name _____ Phone # () _____
Address _____ E-mail _____
City/State _____ Zip Code _____
Name of Parish _____ Diocese _____

If registering more than one person, please list names on reverse side.

Adult @ \$20 (\$25 after Aug 1) x _____ \$ _____
Youth (11-17) @ \$12 x _____ \$ _____
Under 11 years old x _____ FREE
SUBTOTAL \$ _____

() I WISH TO SPONSOR OTHER DELEGATE/S
Adult @ \$20 (\$25 after Aug 1) x _____ \$ _____
Youth (11-17) @ \$12 x _____ \$ _____

() I WISH TO DONATE TOWARDS CONFERENCE EXPENSES \$ _____

TOTAL AMOUNT \$ _____

For CASH, indicated amount received by _____

For CHECK, or MONEY ORDER, make it payable to:

IMMACULATE HEART OF MARY
500 Fairview Avenue, Brentwood CA 94513
Memo Line: Marian Conference

For CREDIT CARD

Account Number _____
CIN No. _____ (back of card last 3 numbers)
Name on Card _____

() VISA () MC

Exp. Date ____/____

Signature _____

For ONLINE PAYMENT via FAITH DIRECT, visit <https://membership.faithdirect.net/givenow/CA752/28219>.

Thank you for taking part in this Marian Conference – for saying YES to the LORD like MARY did!



Clergy/Religious Registration Form

Name _____ Phone # () _____
Address _____ E-mail _____
City/State _____ Zip Code _____
Name of Parish _____ Diocese _____

Priest NO CHARGE

I wish to Concelebrate Mass

Friday – Opening Mass (3:00 PM)

Saturday – Mass with Anointing of the Sick (8:00 AM)

Saturday – Candlelit Procession and Closing Mass (7:30 PM)

I am available to hear Confessions

Friday 6:00 PM 7:00 PM 8:00 PM 9:00PM

Saturday 3:00 PM 4:00 PM 5:00 PM 6:00PM

Deacon/Religious NO CHARGE

I wish to assist at Mass

Friday – Opening Mass (3:00 PM)

Saturday – Mass with Anointing of the Sick (8:00 AM)

Saturday – Candlelit Procession and Closing Mass (7:30 PM)

List Additional Names for Registration Here