

8TH MARIAN CONFERENCE

Immaculate Heart of Mary Catholic Church, Brentwood, CA
October 10-11, 2025



*"With Mary,
We Journey with Hope"*

Registration

Name _____
Address _____
City/State/Zip _____
Name of Parish _____

Phone Number () _____
Email _____
Diocese _____
Shirt Size: XS S M L XL XXL XXXL

Adult (\$35; Free Shirt **until August 24**) x _____ \$ _____
Teen (Grades 6-12; \$30) x _____ \$ _____
Under 11 years old x _____ FREE
Clergy/Religious/Seminarian x _____ FREE

I WISH TO DONATE TOWARDS CONFERENCE EXPENSES \$ _____

TOTAL \$ _____

<i>List Additional Names Here</i> _____ _____ _____ _____

For CASH (*indicate amount*) _____
Received by _____

For CHECK, or MONEY ORDER, make it payable to:
IMMACULATE HEART OF MARY CATHOLIC CHURCH
Check Number: _____

For CREDIT CARD
Account Number _____
CVC No. _____ (*back of card last 3 numbers*)
Name on Card _____

() VISA () MasterCard
Exp. Date ____ / ____
Signature _____

Please send Registration Form and Donation to IMMACULATE HEART OF MARY CATHOLIC CHURCH
(500 Fairview Avenue, Brentwood, CA 94513) no later than **September 21**.
Promotional items available **while supplies last** for registrations received after August 24, 2025, including day of event.
Registration Confirmation will be sent via Flocknote to the email listed above.

DATE RECEIVED: _____

REVISED 040525