

CCL Convention 2002 - Holy Families

Registration Form

Please read the REGISTRATION INSTRUCTIONS before completing the Registration Form.

LAST NAME: _____ HOME PHONE: (____) _____ - _____

ADDRESS: _____ WORK PHONE: (____) _____ - _____

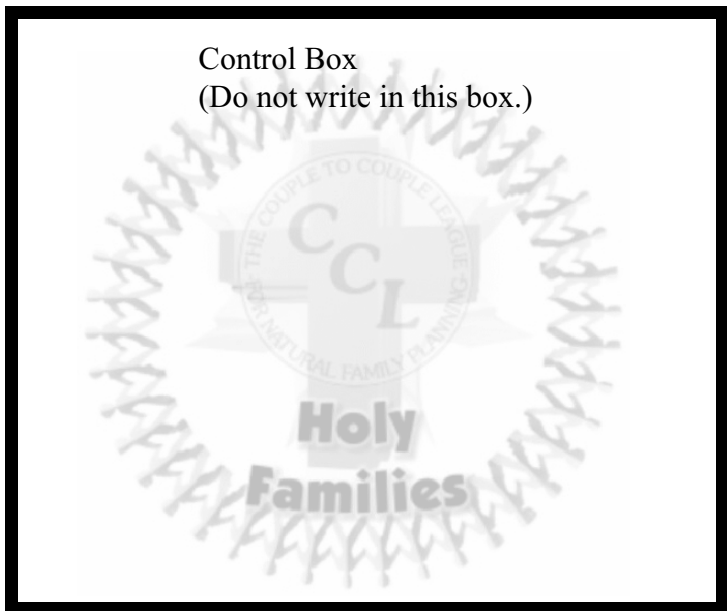
CITY: _____ STATE: _____ ZIP: _____

HUSBAND: _____ Workshops A ___ B ___ C ___ D ___ Cell Phone: _____

WIFE: _____ Workshops A ___ B ___ C ___ D ___ Email: _____

Children accompanying parents to the convention (age June, 2002):

Name	Age
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____



More names? Please attach additional sheet.)

If you will be arriving by air, do you
need transportation to or from the airport? _____

Registration: (includes a \$30 non-refundable deposit)

FULL convention attendance \$95 family or \$60 Individual **OR**

DAILY convention attendance \$35 family or \$25 Individual per day (Sun ___ Mon ___ Tue ___ Wed ___) \$ _____

Lodging: (2 beds per room; max 4 per room, 2 on floor; full convention: 3 nights: Sun-Tue)

Number of rooms _____

Number of beds (1 or 2 per room): ___ x \$11 x number of nights: ___ = \$ _____ = **Total Bed Fee =** \$ _____

Number of linen packages (required 1 per bed + extras): ___ x \$10 = \$ _____ = **Total Linen Fee =** \$ _____

Using Off-campus housing (Y / N)? ___ Where? _____

Child Care / Teen Activities: (this amount must be included in enclosed pre payment)

Number of children 3 and older: ___ x \$20 (max fee of \$80) **Total Child Care =** \$ _____

Meals: Sun evening meal through Wed lunch. Persons age 6 and older: ___ x \$60 = **Total Meal Fee =** \$ _____

Please consider contributing to the scholarship fund **Scholarship Fund =** \$ _____

\$20 discount for full conference postmarked by May 1, 2002 = \$ _____

Make Checks payable to CCL 2002 and send to: **TOTAL FEES =** \$ _____

CCL 2002, c/o Tom and Beth Parks [501-631-2652] **Enclosed (Reg + Child Care) =** \$ _____

1200 W. Cottonwood St [ccl2002@swbell.net] **Balance (due at check-in) =** \$ _____

Rogers, AR 72758-6339 **(Please Read REGISTRATION INSTRUCTIONS to avoid any SURPRISE!)**

Special Needs: (dietary? handicapped?)