

CCL Chicago 2004 - Registration Form

Please read the REGISTRATION INSTRUCTIONS before completing the Registration Form.

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

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

CITY: _____ **STATE:** _____ **ZIP:** _____ **CCL Membership #:** _____

HUSBAND: _____ **Workshops A** ___ **B** ___ **Cell Phone:** _____

WIFE: _____ **Workshops A** ___ **B** ___ **Email:** _____

Meal Shift Preference (please circle) **Breakfast** 1 2 **Lunch** 1 2 **Dinner** 1 2

Volunteer Opportunities: Lector _____ Childcare _____ (please indicate below whom is volunteering)
 Workshop Room Monitors _____ Male Altar Servers _____ Extraordinary Minister of the Eucharist _____

Children accompanying parents to the convention (age June 2004):

Name	Bed ?	Age	Name	Bed ?	Age

(More names? Please attach additional sheet.)

Please indicate if you would like your children grouped with siblings _____

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

Convention Fees:

FULL convention attendance \$100 family or \$75 Individual = **OR** \$ _____
 DAILY convention attendance \$45 family or \$35 Individual per day (Sun ___ Mon ___ Tue ___ Wed ___) = \$ _____

On Campus Room and Board:

Adults: \$171 x _____ adults = \$ _____
 Children aged 11-18: \$102 x _____ children = \$ _____
 Children aged 7-10: \$84 x _____ children = \$ _____
 Children aged 2-6 : \$78 x _____ children = \$ _____
 Children aged < 2: \$22 x _____ children = \$ _____

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

Number of children 3 and older: ___ x \$25 (maximum fee of \$100) = \$ _____

Scholarship Fund: Please consider donating to the scholarship fund = \$ _____

Convention DVD: The Convention DVD is \$15 each. **PREPAID** = (quantity) _____ x \$15 = \$ _____

Convention Shirt: Please indicate how many Adult \$10 Child \$ 8
 Adult XL ___ L ___ M ___ Child L ___ M ___ S ___ **PREPAID** = \$ _____

Discount: \$20 discount for full conference postmarked by May 1, 2004 = (\$ _____)

GRAND TOTAL = \$ _____

Make Checks payable to CCL CHICAGO 2004 and send to:

John and Margaret Iannitello
 3160 Pilgrim Rd
 Brookfield, WI 53005

Enclosed (Convention Fee + Child Care + DVD + Shirts) = \$ _____

Please note any special needs: (diet, handicap, other family to room near, etc):