

2021 Convocation Registration Form

*This is registration **only** for the in-person attendees.
The registration process for virtual attendees is still to come.*

Registration Information

Name: _____

Address: _____

City, State, and Zip Code: _____

Home/Cell Phone: _____

E-mail: _____

Date of Consecration: _____

If not consecrated, please list the name and phone number or email of a diocesan contact person.

If not consecrated, please list the year of the Information Conference that you attended.

Additional Information

Special Needs: *Please indicate below if you have any special needs we should consider in our planning.*

Are you able to help during the convocation?

Please check.

_____ Personal assistant to others with special needs

_____ Sacristan

_____ Extraordinary Minister of Holy Communion

_____ Lector for Holy Mass/Liturgy of the Hours

_____ Cantor

_____ Musician (instrument)

_____ Transportation: I will have a vehicle and will help drive others.

_____ Miscellaneous needs as they arise

Anniversaries

Please indicate below if you are celebrating a significant anniversary of your consecration in 2021 (5, 10, 15, 20, 25, or 30 years).

Talent Show: *Do you have a special talent or artistic gift to share (music, dance, poetry, visual art, etc.)? Kathy Reda is organizing a talent show at this year's convocation. Please e-mail Kathy Reda if you are interested in participating: KathyReda@aol.com*

Payment Information

USACV Convocation Fee Schedule:
at registration \$50 refundable deposit due
5/31/2021 installment #1 of \$250 (\$257.50) due
6/30/2021 installment #2 of \$250 (\$257.50) due
(\$250 if paying by check and \$257.50 if paying online)
7/2/2021 final payment due
(Final balances due at the the convocation)

Optional Donation Amount _____
Please consider a donation to help defray costs of the convocation.

I want my donation to go towards (indicate with an "x"):

- _____ Greatest need
_____ Flowers for chapel
_____ Sponsorship of chaplain
_____ Snacks and refreshments
_____ Financial assistance for attendees

My check in the amount of _____ is enclosed.

If not full amount:

_____ *I will make installment payments according to the above schedule. Or*

_____ *I plan to make payment on (date):* ___ / ___ / ___

Make checks payable to "USACV:"

Send registration and payment to:
USACV – Registration
P.O. Box 442170
Miami, FL 33144

For information about possible early/late departure at the retreat center, or other questions, please contact:

Convocation Coordinator

Joani McCann

joani.mccann@gmail.com

SERVING THE VOCATION OF CONSECRATED VIRGINITY

