

2021 Convocation Registration Form

*This is registration **only** for the in-person attendees.*

Once the feasibility of the in-person convocation is determined, a registration for virtual attendees will be released.

Registration Information

Name: _____

Address: _____

City, State, and Zip Code: _____

Home/Cell Phone: _____

E-mail: _____

Date of Consecration: _____

If not consecrated, please list name and phone number or email of 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:

4/30/2021 \$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

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