

Diocese of Venice in Florida English Catholic Charismatic Renewal 2019 Annual Conference
HOLY SPIRIT BREATH ON ME

Form to use when being registered by another person who is submitting payment for you.

First Name _____ Last Name _____

Address _____

City, State, and Zip _____

Phone Number _____

Email _____

Box Lunch Choice:

- Ham Sandwich
- Turkey Sandwich
- Veggie Wrap
- Chicken Croissant

Parish Name _____

Parish City _____

Please respond to all that apply to you

- I am a Prayer Group Member: Name of Your Prayer Group _____
- I am a Prayer Group Core Team Member/Leader
- What day of the week do you meet?
- What time of the day do you meet?

I am a

- Year-round Resident
- Seasonal Resident