

Registration Form

Holy Spirit Conference - September 18, 19 &20, 2009

First _____ Last Name _____

First _____ Last Name _____

Address: _____

City _____ Zip _____

Email _____

	No. Of Persons		Per Person		Amount
Adult - Saturday & Sunday		X	\$35.00	=	
Adult -One Day Only		X	\$25.00	=	
Youth Program - Weekend		X	\$10.00	=	
Lunches - per day		X	\$6.00	=	
Total					

For additional information call: (415) 564-PRAY

Mail completed form to:
San Francisco Catholic Charismatic Renewal
P. O. Box 347033
San Francisco, CA 94134

For hotel reservations, state that you are with San Francisco Charismatic Renewal
[Hampton Inn San Francisco-Daly City](#)



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