

Lost Child Pilgrimage

Registration by Wednesday, October 25 is requested.

Please complete the following information:

Registration _____ x \$25 = \$ _____

Please indicate # of Attendee(s) for each Breakout Session:

Breakouts: **ONE** **TWO** **THREE**

Name: _____

Address: _____

City, State, Zip: _____

Email: _____

Phone (H/ W/ C): _____

Additional Name: _____

Additional Name: _____

Mail a CHECK # _____ **made payable to** **The Shrine of Our Lady of Pompeii** or
charge my credit card:

V / MC # _____

Expiration: _____ **TOTAL AMOUNT: \$** _____