



Faith in the Fire Holy Spirit Retreat REGISTRATION FORM



**Catholic Charismatic
CENTER**

Name: _____

Address: _____ City: _____ State: _____ ZIP: _____

Email: (please print clearly) _____

Home Phone: _____ Cell: _____ Work: _____

Referred to this retreat by: _____

I am a baptized Catholic: Yes _____ No _____ If non-Catholic and baptized, please indicate the Christian denomination in which baptism was received: _____ When _____

Are you active in your church? Yes _____ No _____ Church you attend: _____

Are you disable or Do you have special needs? If yes please explain _____

Marital Status

Single _____ Divorced _____ Married _____ Annulment Process _____

Are you attending this retreat as a requirement for any of the following?

CCC Membership _____ Marriage preparation _____

My child's preparation for: Baptism _____ 1st. Communion _____ Confirmation _____

PAYMENT REQUIRED AT THE TIME OF REGISTRATION

Single \$30 _____ Married Couple \$50 _____ (One check only for discount to apply)

Group discount \$25 _____ (5 or more. One check only for discount to apply)

PRE- REGISTER ONLINE www.cccgh.com

OR

Mail registration form with payment to:

CCC / FIF

1949 Cullen Blvd, Houston, TX 77023

OFFICE USE ONLY

Check # _____ Cash _____ Other _____ Received by: _____