

PILGRIM CENTER *of* HOPE



CMC
CATHOLIC MEN'S CONFERENCE
"Master, I want to see." - Mark 10:51

Conference Date:
February 26, 2022

Submit group registration
by February 14, 2022

GROUP REGISTRATION

Seats are going fast; register your group while there is still room!

To obtain the group discounted rate of \$45 per man, abide by the following:

- 1. MEMBERS:** Your group must consist of 10 or more men, plus a Group Leader. The Group Leader is NOT included in the member minimum 10 men.
- 2. GROUP LEADER:** Our main contact for your group. Earns a complimentary registration as our *thank you* for registering the group. (This does not include shirts; he may opt to purchase a shirt if desired.) If registering online, register your Members first. Then, contact our office to ask for a promo code that will enable your comp registration.
- 3. FORM:** All group member contact information fields must be completed. If a member has no email, enter Group Leader email. Tickets are needed at registration check-in; they are emailed to the email address(es) provided through the registration process. *Note: All conference news and helpful tips are provided via email. This is the ideal way to make sure all group members receive important conference information.* After initial 10 members are submitted, additional members may be added on by calling or visiting our office.

PAYMENT: Group is not registered until forms & payment are received in full by Pilgrim Center of Hope. We will accept payment on/before February 14, 2022, in the form of check - *or* - cash - *or* - (1) credit card. Please simplify payment processing as much as possible.

SUBMIT FORM(S) with FULL PAYMENT, to
PILGRIM CENTER OF HOPE, ATTN: CMC
7680 JOE NEWTON, SAN ANTONIO, TX 78251

You may wish to submit in person; PCH office is open Monday thru Friday, 8:30am-5:30pm.

*Please print clearly. If paying by check, make payable to "Pilgrim Center of Hope".
Questions? Contact us at 210-521-3377 or Secretary@PilgrimCenterOfHope.org
More conference details at CMCSanAntonio.com.*

REFUNDS not available. A man unable to attend may either: contact us about transferring his registration to another man – *or* – donate it as a scholarship.

Use forms on next page.



PILGRIM
Center of Hope

Guiding people to Christ

2022



OFFICE USE ONLY - D/T Sub.

GROUP NAME

St. Mary KofC, St. Leo ACTS, etc.

TOTAL # GROUP MEMBERS

Total does not include Leader.

| | | | | | |
|---------------------|-----------------------------|--|--|--|----------------------|
| GROUP LEADER | NAME | <input type="text"/> | PHONE | Circle one: Home / Cell / Work | <input type="text"/> |
| | ADDRESS | <input type="text"/> | EMAIL | <input type="checkbox"/> Does not have email | <input type="text"/> |
| | CITY / STATE / ZIP | <input type="text"/> | PARISH | Please specify city/location. | <input type="text"/> |
| | DIETARY RESTRICTIONS | Gluten-Free <input type="checkbox"/> Vegetarian <input type="checkbox"/> | SHIRT Add-on to order CMC Signature T-Shirt or Polo. Pick up at event check-in. <input type="checkbox"/> T-Shirt \$25 Sm Med Lg XL 2XL 3XL <input type="checkbox"/> Polo \$35 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | | |
| | | | | | |

| | | | | |
|-----------------------------|--|---|--|--------------------------|
| NAME | <input type="text"/> | PHONE | Circle one: Home / Cell / Work | This is Member #1 |
| ADDRESS | <input type="text"/> | EMAIL | <input type="checkbox"/> Does not have email | |
| CITY / STATE / ZIP | <input type="text"/> | PARISH | Please specify city/location. | |
| DIETARY RESTRICTIONS | Gluten-Free <input type="checkbox"/> Vegetarian <input type="checkbox"/> | SHIRT Add-on to order CMC Signature T-Shirt or Polo. Pick up at event check-in. <input type="checkbox"/> T-Shirt \$25 Sm Med Lg XL 2XL 3XL <input type="checkbox"/> Polo \$35 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | | |
| | | | | |

| | | | | |
|-----------------------------|--|---|--|--------------------------|
| NAME | <input type="text"/> | PHONE | Circle one: Home / Cell / Work | This is Member #2 |
| ADDRESS | <input type="text"/> | EMAIL | <input type="checkbox"/> Does not have email | |
| CITY / STATE / ZIP | <input type="text"/> | PARISH | Please specify city/location. | |
| DIETARY RESTRICTIONS | Gluten-Free <input type="checkbox"/> Vegetarian <input type="checkbox"/> | SHIRT Add-on to order CMC Signature T-Shirt or Polo. Pick up at event check-in. <input type="checkbox"/> T-Shirt \$25 Sm Med Lg XL 2XL 3XL <input type="checkbox"/> Polo \$35 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | | |
| | | | | |

