

**44<sup>TH</sup> SWCCC**  
**July 27-29, 2018**

Please print clearly

CK # _____	Credit/Cash
AMT: _____	
DOC _____	
Date Pd _____	
2018 SWCCC	

Name: \_\_\_\_\_

Other names: (Children/Youth - list the age next to each name) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone Cell (    ) \_\_\_\_\_ Home (    ) \_\_\_\_\_

Email \_\_\_\_\_

Parish \_\_\_\_\_

Please check the payment method: Cash  Check  Credit/Debit Card

# Adults \$ \_\_\_\_\_ # Children/Youth \$ \_\_\_\_\_ # College w/valid student ID \$ \_\_\_\_\_

Donation \$ \_\_\_\_\_

**TOTAL \$** \_\_\_\_\_

*Please make checks payable to: Catholic Charismatic Center*

Mail Form & Payment to:

SWCCC  
Catholic Charismatic Center  
1412 - 5<sup>th</sup> St. NW  
Albuquerque, NM 87102-1334



For more information, please call: 505-247-0397

Name on credit/debit card: \_\_\_\_\_

Card # : \_\_\_\_\_

Expiration Date: \_\_\_\_/\_\_\_\_ Security Code: \_\_\_\_

I authorize the Catholic Charismatic Center to charge my credit card for \$ \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_