

CONSD Registration Form

Name of Event _____ Date & Location of
Event _____

Your
Name(s) _____ Phone _____

Address _____ City _____

State _____ Zip(+4) _____ E-Mail Addr

Prayer Group or Parish _____ Registration Fee \$ _____ Enclosed Amount
\$ _____

No credit cards accepted. Please make checks payable to "CONSD"
Mail to: CONSD 908 Via Linda Escondido, California 92029