

# Registration Form For CATHEDRAL DELIGHTS

Full name (s) of those attending \_\_\_\_\_  
(please print)

\_\_\_\_\_

\_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_ Phone # \_\_\_\_\_

E-mail \_\_\_\_\_

Name of Event (s) and # of People Attending	<u>Total Cost</u>
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# _____	x Cost Per Person \$ _____	=	\$ _____
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# _____	x Cost Per Person \$ _____	=	\$ _____
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# _____	x Cost Per Person \$ _____	=	\$ _____
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# _____	x Cost Per Person \$ _____	=	\$ _____
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# _____	x Cost Per Person \$ _____	=	\$ _____
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# _____	x Cost Per Person \$ _____	=	\$ _____
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Total Amount Enclosed      \$ \_\_\_\_\_

Your confirmation letter will provide the address and directions to the event(s) you have selected. Please return this form with your check to St. John's Cathedral, 256 East Church Street, Jacksonville, Fl 32202, Attention: Cathedral Delights.

Make all checks payable to St. John's Cathedral, memo line: Pilgrimage.

Thank you for your support of the youth of St. John's Cathedral!