

2023 MCWC Mail-In Registration Form

Please print clearly. Must be postmarked by March 31st



Fill out for
yourself

Name _____

Parish (name, city) _____

Phone _____

Mailing Address _____

Email Address (optional) _____

Dietary or Accessibility Concerns (if any) _____

Volunteer Interest _____ assist during event
(check all that apply) _____ member 2023 Conference Team (1-2hrs/month)

Registration Fee: \$85

Donation to help others attend (optional)

_____ \$85

_____ Other \$ _____

Total Payment

\$ _____

Mail form and check to:

Diocese of Portland - OLFF
Attn: Women's Conference
510 Ocean Ave
Portland ME 04103

Please make check payable to:
Diocese of Portland

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Please print clearly. Must be postmarked by March 9.

Fill out for
a friend



Name _____

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