

Catholic Worker Gathering Registration Form

Oct. 7, 8 and 9, 2016, Las Vegas, NV

Please mail to: Las Vegas Catholic Worker, 500 W. Van Buren Ave., Las Vegas, NV 89106
or register online at: www.lvcw.org/

First Name: _____ Last Name: _____

Cell Phone: _____ E-mail: _____

Special Dietary Needs: _____

I can volunteer to do ☐ Airport Pick-Ups, ☐ Greyhound pick-ups, ☐ Kitchen Help

If there is another person coming with you, please fill in info (more than 2, use another form):

Person 2.) First Name: _____ Last Name: _____

Cell Phone: _____ E-mail: _____

Special Dietary Needs: _____

I can volunteer to do ☐ Airport Pick-Ups, ☐ Greyhound pick-ups, ☐ Kitchen Help

Affiliation, if Any, (ex: CW Community): _____

Home Phone: _____

Address: _____

HOUSING (check the one that applies):

☐ Floor space in tent is okay (☐ I/we need a mat and sleeping bag or blankets)

☐ I/we would prefer a bed in the Hostel ☐ We booked a Plaza Motel room

Nights you would be staying in Las Vegas: ☐ Th. / ☐ Fr. / ☐ Sat. / ☐ Sun.

TRANSPORTATION (check the one that applies):

☐ I/we will have a vehicle and extra space in my vehicle for people.

☐ I/we will need transportation for people.

CHILDREN: Are any children coming with you? How many: , Ages: , ,

AIRPORT, BUS PICK-UP and DROP-OFF:

ARRIVAL INFO: Airline Company: _____ (or ☐ Greyhound)

Arrival Time: _____ Flight #: _____ Departure City: _____

DEPARTURE INFO: Airline Company: _____ (or ☐ Greyhound)

Arrival Time: _____ Flight #: _____

Additional Comments: _____
