2015 CONVENTION DELEGATE LIST

BRANCH NO. __________ CITY: ________________________________

Active Members as of March 31st: __________ No. of Delegates: __________

NAMES MUST BE CLEARLY INDICATED TO ASSURE PROPER SPELLING

DELEGATE NAME: Registration Verified Check Below if
(For I.C.F. Office Use) 1st Time Delegate

1. ____________________________________________________________

2. ____________________________________________________________

3. ____________________________________________________________

4. ____________________________________________________________

5. ____________________________________________________________

6. ____________________________________________________________

ALTERNATE DELEGATES

1. ____________________________________________________________

2. ____________________________________________________________

3. ____________________________________________________________

Please indicate with names the days delegates will arrive at the hotel. Thank you.

Thursday, September 3rd, ________________________________

Friday, September 4th, ________________________________

Please list the names of those who would be willing to work Friday Registration:

____________________________________________________________________________

Instructions: Mail this form with payment of $200.00 per Delegate for the Registration Fee, which includes the Saturday Banquet, to: Italian Catholic Federation, 8393 Capwell Drive, #110, Oakland, CA 94621. Deadline is June 30th.

Br. Check No. __________ No. of Delegates: __________ X $200.00 = $______________

President’s Signature Recording Secretary’s Signature Date

For I.C.F. Office Use:

Table No. __________ Delegates: _____ Guests: _____ Total __________