

# APPLICATION FORM TO HOST AN LTD PROGRAM

*(When filling out all forms, please respect the integrity of the documents by not changing original wording)*

Please complete this application form and return by e-mail to: [nccwldtcontact@gmail.com](mailto:nccwldtcontact@gmail.com)  
or by regular mail to: LTD Coordinator  
33746 Spring Drive  
Leesburg, FL 34788

## Name of Hosting Group(s):

Primary Contact: Name \_\_\_\_\_  
Address \_\_\_\_\_  
Phone: \_\_\_\_\_ (h)  \_\_\_\_\_ (o)   
(c)  \_\_\_\_\_ (please check preferred phone)  
E-mail: \_\_\_\_\_  
Secondary Contact: Name and Phone number \_\_\_\_\_

Are you (check one): An NCCW parish affiliate  Group of affiliates   
Diocesan CCW  Group of diocesan CCW's   
Province  Other (describe)

Please indicate your choice:  
One-day program  Two-day program

Do you have dates in mind for the program? Yes  No

If so, which dates? Please give us three dates in order of preference:

(1) \_\_\_\_\_ (2) \_\_\_\_\_ (3) \_\_\_\_\_

Please keep in mind that 4 -6 months prior to actual date is needed when scheduling a program.  
Have questions? Contact [nccwldtcontact@gmail.com](mailto:nccwldtcontact@gmail.com)