

2010 Celebrating God's Gifts - Registration Form

Date _____ Amt. Paid _____ Check # _____ Cash _____

Name(s) _____ **\$30.00 per person**

Address: _____ Number Attending: _____

City/State/Zip _____

Email _____ Phone _____

Each table will seat eight people. Do you wish to be seated with a specific group or person?

_____	_____
_____	_____
_____	_____
_____	_____

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