Registration Form

July 25, 2009

3:00 P.M. – 9:00 P.M.

St. Paul's Episcopal Church
Shreveport, LA

Print this form, complete and mail or fax to:

Trey Jackson
275 Southfield Road
Shreveport, LA 71105
Fax: 318.868.8922

First Name

Address (no. P. O. Boxes, please)

City | State | Zip/Postal Code

E-mail address

Church

PAYMENT INFORMATION

☐ Check ☐ Visa ☐ MC

Credit Card Number

Expiration Date ___ - ___

Registration Fee

$20.00

REGISTRATION INCLUDES DINNER

Name on card (print)

Signature