

Bishop's Annual Catholic Pro-Life Banquet

Mail-In Registration

Must be received by September 16, 2011

Individual	Description	Quantity	Amount \$
Ticket \$75	Individual, Per Person Ticket	_____	_____

- I would like to donate _____ to help with Dinner Costs.
- I am unable to attend but I would like to contribute _____.

Total amount due _____

Payment:

Visa, Master Card, Amex Card - Number _____

Exp. Date _____ Security Code (on back 3 digits) _____

Signature _____

If you are paying with a check, please make it payable to *Catholics Respect Life*.

Registration Instructions:

Please fill out this form, print it and send it with your check or credit card information to the address below. **Make checks payable to *Catholics Respect Life*. Thank you.**

Catholics Respect Life
Diocese of Fort Worth
800 West Loop 820 South
Fort Worth, TX 76108

Ticket 1

Name _____

Address _____

City/State/Zip _____

E-mail _____

Best Phone Number _____

Meal Preference: Meat _____ Vegetarian _____

Any special accommodations or needs? _____

Ticket 2

Name _____

Address _____

City/State/Zip _____

E-mail _____

Best Phone Number _____

Meal Preference: Meat _____ Vegetarian _____

Any special accommodations or needs? _____

Ticket 3

Name _____

Address _____

City/State/Zip _____

E-mail _____

Best Phone Number _____

Meal Preference: Meat _____ Vegetarian _____

Any special accommodations or needs? _____

Ticket 4

Name _____

Address _____

City/State/Zip _____

E-mail _____

Best Phone Number _____

Meal Preference: Meat _____ Vegetarian _____

Any special accommodations or needs? _____

Ticket 5

Name _____

Address _____

City/State/Zip _____

E-mail _____

Best Phone Number _____

Meal Preference: Meat _____ Vegetarian _____

Any special accommodations or needs? _____