

Bishop's Annual Catholic Pro-Life Banquet

Mail-In Registration

Must be received by September 16, 2011

Table	Description	Quantity	Amount \$
Platinum \$5,000	Premium table & VIP reception for 10, 2 valet parking passes, 1/2 page ad in the banquet program	_____	_____
Gold \$2,500	Premium table & VIP reception for 10	_____	_____
Silver \$1,250	Premium table & VIP reception for 10	_____	_____
Bronze \$1,000	Premium table & VIP reception for 2	_____	_____
Life Patron \$750	Table for 10	_____	_____
Totals from above:		_____	_____

Please list all names and addresses on pages 2, 3 and 4.

- 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

Table Host

Name _____
Address _____
City/State/Zip _____
E-mail _____
Best Phone Number _____
Meal Preference: Meat _____ Vegetarian _____
Any special accommodations or needs? _____

Table Name _____
(The guests for your table are below)

Guest 1

Name _____
Address _____
City/State/Zip _____
E-mail _____
Best Phone Number _____
Meal Preference: Meat _____ Vegetarian _____
Any special accommodations or needs? _____

Guest 2

Name _____
Address _____
City/State/Zip _____
E-mail _____
Best Phone Number _____
Meal Preference: Meat _____ Vegetarian _____
Any special accommodations or needs? _____

Guest 3

Name _____
Address _____
City/State/Zip _____
E-mail _____
Best Phone Number _____
Meal Preference: Meat _____ Vegetarian _____
Any special accommodations or needs? _____

Guest 4

Name _____
Address _____
City/State/Zip _____
E-mail _____
Best Phone Number _____
Meal Preference: Meat _____ Vegetarian _____
Any special accommodations or needs? _____

Guest 5

Name _____
Address _____
City/State/Zip _____
E-mail _____
Best Phone Number _____
Meal Preference: Meat _____ Vegetarian _____
Any special accommodations or needs? _____

Guest 6

Name _____
Address _____
City/State/Zip _____
E-mail _____
Best Phone Number _____
Meal Preference: Meat _____ Vegetarian _____
Any special accommodations or needs? _____

Guest 7

Name _____
Address _____
City/State/Zip _____
E-mail _____
Best Phone Number _____
Meal Preference: Meat _____ Vegetarian _____
Any special accommodations or needs? _____

Guest 8

Name _____
Address _____
City/State/Zip _____
E-mail _____
Best Phone Number _____
Meal Preference: Meat _____ Vegetarian _____
Any special accommodations or needs? _____

Guest 9

Name _____
Address _____
City/State/Zip _____
E-mail _____
Best Phone Number _____
Meal Preference: Meat _____ Vegetarian _____
Any special accommodations or needs? _____