



Celebration of Women Luncheon 8/28/20 - Offline Registration Form

Name (Credit Card Holder's Name): _____

Address: _____ City: _____ State: _____ Zip Code: _____

Cell Phone: _____ Email: _____ Dietary Restrictions: _____

_____ x \$50.00 Per Person = Total \$ _____

_____ x \$450 Per Table of 10 Guests = Total \$ _____

Guest Information:

First Name	Last Name	Cell Phone	Email	Dietary Restrictions

Cash \$ _____ Check # _____ in the amount of \$ _____ Payable to: **Home of the Sparrow**

Credit Card: Visa MasterCard Discover AMEX Please Charge My Credit Card \$ _____

Credit Card #: _____ Exp. Date: _____ CVV/Sec. Code: _____

Signature: _____

Email Form to: sernst@hosparrow.org

Mail Form to: Home of the Sparrow, 4209 W. Shamrock Lane, Unit B, McHenry, IL 60050

For Internal Use Only

Date Received: _____ Received by: _____