

“Night of Vocation Awareness”

February 17, 2012

TABLE REGISTRATION FORM

(Please PRINT complete mailing address.)

Table Captain:

| | | | | | |
|-----|-------|---------|-------|-------|-------|
| 1. | _____ | _____ | _____ | _____ | _____ |
| | Name | Address | City | State | ZIP |
| 2. | _____ | _____ | _____ | _____ | _____ |
| | Name | Address | City | State | ZIP |
| 3. | _____ | _____ | _____ | _____ | _____ |
| | Name | Address | City | State | ZIP |
| 4. | _____ | _____ | _____ | _____ | _____ |
| | Name | Address | City | State | ZIP |
| 5. | _____ | _____ | _____ | _____ | _____ |
| | Name | Address | City | State | ZIP |
| 6. | _____ | _____ | _____ | _____ | _____ |
| | Name | Address | City | State | ZIP |
| 7. | _____ | _____ | _____ | _____ | _____ |
| | Name | Address | City | State | ZIP |
| 8. | _____ | _____ | _____ | _____ | _____ |
| | Name | Address | City | State | ZIP |
| 9. | _____ | _____ | _____ | _____ | _____ |
| | Name | Address | City | State | ZIP |
| 10. | _____ | _____ | _____ | _____ | _____ |
| | Name | Address | City | State | ZIP |

11. Honorary religious guest to be assigned.

**Please return with payment of \$100 per person by
February 10, 2012**

**Night of Vocation Awareness
P.O. Box 104900
Jefferson City, MO 65110**