

REGISTRATION FORM

Print out this order form, fill it in, then mail with your
check payable "St. Olaf Catholic Church" to:

*St. Olaf Catholic Church, attn: Carol Bishop
215 South 8th Street, Minneapolis MN 55402*

_____ **Thursday, September 10, 2009 / FR. LARRY GILLICK**

Number of seats: _____

Guest(s) name: _____

_____ **Thursday, October 22, 2009 / DAVID WALSH**

Number of seats: _____

Guest(s) name: _____

_____ **Thursday, November 19, 2009 / HANK SHEA**

Number of seats: _____

Guest(s) name: _____

_____ **Thursday, February 18, 2010 / MARY LOUISE KLAS**

Number of seats: _____

Guest(s) name: _____

_____ **Thursday, April 15, 2010 / ARCHBISHOP NIENSTEDT**

Number of seats: _____

Guest(s) name: _____

Total individual seats: x \$20 = _____

Total series seats: x \$85 = _____

Table of seven: x \$125 = _____

Table of seven for the entire series: x \$550 = _____

Name: _____

Address: _____

City/State/Zip: _____

Daytime Phone: _____

E-mail: _____