



Reservation Form

Please use this form for **Mail-In** Reservations ONLY. Complete the form below (include the names and phone numbers of other ticket holders in your group). Reservations CANNOT be accepted after date indicated on Chapter webpage.

Event _____ Date of Event _____

Name _____

Address _____

City _____ State _____ Zip _____

Phone # _____

Email (Please print clearly) _____

I am available to serve as:

Hostess _____ Greeter _____ Music _____ Reservation Table _____

Decorations/Setup _____ Book/CD Sales _____ Mailing help _____

Cost is \$ _____ per person. Enclosed is \$ _____ for _____ Number of Reservations.

Attendee Names covered by above payment:

_____	_____
_____	_____
_____	_____

MAIL YOUR CHECK TO THIS ADDRESS:

MAGNIFICAT
11 Circuit Drive
Cumberland, RI 02864