



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:

_____	_____
_____	_____
_____	_____
_____	_____

Please mail form and check for event amount per person, payable to "Magnificat" to the address on your Chapter webpage. In the event of inclement weather, please contact the reservation/ticket chairwoman.

Magnificat (C/O St Peter Catholic Church)
359 W New York Ave
DeLand, FL 32720