

Milwaukee Brewers

Saturday, June 25



____ Members @ \$22 each

_____ Guests @ \$22 each

Total amount enclosed: \$_____ Please make check payable to: **Catholic Financial Life**

Mail this form and payment to: **Catholic Financial Life**

Attention: Events

1100 West Wells Street

Milwaukee, WI 53233

Deadline: June 1

Cash payments are not accepted.

Limit of 10 tickets per household.

Your Name: _____ **Phone No.:** _____

Address:_____ **City, State, Zip:**_____

*Email Address: _____

Stop by Helfaer Field before the game to pick up your tickets.

Please list the other members of your group.

Name: _____ **Email:** _____ **Member:** _____ **Guest:** _____

Name: _____ **Email:** _____ **Member:** ____ **Guest:** ____

Name: _____ **Email:** _____ **Member:** ____ **Guest:** ____

Name: _____ **Email:** _____ **Member:** _____ **Guest:** _____

Name: _____ **Email:** _____ **Member:** _____ **Guest:** _____

Name: _____ **Email:** _____ **Member:** _____ **Guest:** _____

Name: _____ **Email:** _____ **Member:** _____ **Guest:** _____

Name: _____ **Email:** _____ **Member:** _____ **Guest:** _____

Name: _____ Email: _____ Member: _____ Guest: _____