Festa Italiana
July 19-21

____ Members @ **$5 each** ____ Guests @ $**5 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: July 1

Cash payments are not accepted.

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

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

***Email Address:** _____

Please include a business sized self addressed stamped envelope for 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: ____
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