Paw Sox Game
Saturday, July 20

____ Members @ **$12 each** ____ Guests @ $**12 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 5

Cash payments are not accepted.

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

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

***Email Address:** _____

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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