

*The Thirtieth Annual  
Kellenberg Memorial Communion Breakfast  
For Grades 10, 11, 12  
April 9, 2017  
R.S.V.P. April 3, 2017*

*Names of those attending:*

*Student(s) and Homeroom(s):* \_\_\_\_\_

\_\_\_\_\_

*Parent(s)/Guardian(s)* \_\_\_\_\_

\_\_\_\_\_

*Guest(s):* \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

*Telephone Number: (\_\_\_\_) \_\_\_\_\_*

*Total Attending \_\_\_\_\_ at \$12 each, totaling \$ \_\_\_\_\_*

*Check Payable to: Kellenberg Memorial Development Fund*

*SEATING ACCOMMODATIONS*

*Seating will be assigned as completed reservations are received.*

*Seating lists will be provided at the Breakfast.*

*If possible, we wish to be seated with the family listed below:*

*Name:* \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_