

*The Thirtieth Annual
Kellenberg Memorial Communion Breakfast
For Grades 6, 7, 8, 9
April 2, 2017
R.S.V.P. March 27, 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: _____
