

*The Thirty-Second Annual
Kellenberg Memorial Communion Breakfast
For Grades 10, 11, 12
April 14, 2019
R.S.V.P. April 8, 2019*

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

...over

SEATING ACCOMMODATIONS

Seating lists will be provided at the Breakfast.

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

Name: _____
