

*The Thirty-Second Annual
Kellenberg Memorial Communion Breakfast
For Grades 6, 7, 8, 9
April 7, 2019
R.S.V.P. April 1, 2019*

SEATING ACCOMMODATIONS

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

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Seating lists will be provided at the Breakfast.

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

Name: _____
