

Our Lady of the Lake Taste of Tammany Table Registration form

Name _____

Address _____

City _____ State _____ Zip Code _____

Phone _____ Cell Number _____

Email Address _____

- | | |
|---------------|--------------------|
| 1) Name _____ | Phone Number _____ |
| 2) Name _____ | Phone Number _____ |
| 3) Name _____ | Phone Number _____ |
| 4) Name _____ | Phone Number _____ |
| 5) Name _____ | Phone Number _____ |
| 6) Name _____ | Phone Number _____ |
| 7) Name _____ | Phone Number _____ |
| 8) Name _____ | Phone Number _____ |

List Teacher Names: CCD _____ OLL _____ (write the number in the one that applies.)

Names: _____

For Office Purposes:

Ticket Number: _____

Paddle Number: _____

Method of payment: Check _____ MC _____ Visa _____