

BEHOLD THIS HEART | Oct. 4-5, 2019

REGISTRATION FORM (Photocopy for additional attendees)

1) FULL NAME:

Lunch available for purchase \$15 (Incl. Chips, Cookie & Drink)
Choice of: Hoagie or Wrap | Turkey or Beef

Address: _____

City/State/Zip: _____

Contact Number: (_____) _____

Email: _____

Home Parish: _____

2) FULL NAME:

Lunch available for purchase \$15 (Incl. Chips, Cookie & Drink)
Choice of: Hoagie or Wrap | Turkey or Beef

Address: _____

City/State/Zip: _____

Contact Number: (_____) _____

Email: _____

Home Parish: _____

EARLY BIRD REGISTRATION # TOTAL
(Ends Aug. 31)

Adult \$35 _____
Student: \$25 _____

REGULAR REGISTRATION # TOTAL
(Begins September 1)

Adult \$45 _____
Student: \$35 _____
Number of Box Lunches: _____ X \$15 = \$ _____
Conference: Total \$ _____

*Religious: No Charge

Checks payable to: Billings Catholic Radio, and mail to: P.O. Box 21523 | Billings, MT 59104