

Inspiration Series Dinner Registration Form

Please take the time to fill out the form below to register for the event.

___ Yes, I will attend. Please reserve ___ tickets at \$100.00 each.

___ I have enclosed an additional donation of \$ _____.

___ Sorry, I am unable to attend. Please accept my enclosed donation \$ _____ to the Grand Rapids Catholic Secondary Schools' tuition assistance program.

Name: _____

Address: _____

Phone: _____ E-mail: _____

Credit Card Name: _____ Card #: _____

Cardholder's Name: _____ Exp. Date: _____

Please seat me with:

FAX ORDER FORM TO:

Inspiration Series Tickets
(616) 458-7740

MAIL ORDER TO:

Inspiration Series Tickets
P.O. Box 327, Grand Rapids, MI
49501-0327

**For more information, contact Arnette Kraus at (616) 233-5985
or e-mail arnettekraus@grcss.org**