

St. James Women's Advent Brunch Registration Form 2018
Saturday, December 1, 2018 – 9:30 am to Noon - Lower Hall
Ticket Sales – Sundays: November 11, 18, 25

PLEASE PRINT:

Name: _____

Email: _____

Telephone Number: _____

Dietary Restrictions: _____

Cost: \$10.00 (non-refundable) per person *(If you find you are unable to attend after buying your ticket, you may give it to someone else.)*

Guest (If Bringing)- Limit one – Please fill out their information

Guest Name: _____

Guest Email: _____

Guest Telephone Number: _____

Guest Dietary Restrictions: _____

Media Release

I hereby consent to the collection and use of my personal images by photography and video recording during the brunch, and acknowledge that these images may be distributed privately among St. James members or public on the Internet. I understand that no personally identifiable material will be distributed with these images without prior consent.

Signature(s) of Applicants: _____; _____

Date this agreement is signed: _____

Office Use Only: *(Please clip cash or cheque to application form)*

Total Payment received: \$ _____ Cash ___ or Cheque ___

Ticket Number(s) assigned: _____