

**Celebration of Fr. Richard Mangini's
50th Ordination Anniversary and Retirement**

For Office Use: Amount _____ Cash Check # _____
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Cash or Check Registration Only

Credit Card Purchases via *Faith Direct* Only

**All information and payment is required at time of registration
(If online, please complete, print off and provide at time of payment)**

1. Attendee Last Name: _____ First Name: _____
Phone #: _____ Sitting together? ___Yes ___No
Choice of meal (select one):
___ Pan Seared Salmon ___ Filet Mignon ___ Chicken Caprese ___ Vegetarian

2. Attendee Last Name: _____ First Name: _____
Phone #: _____ Sitting together? ___Yes ___No
Choice of meal (select one):
___ Pan Seared Salmon ___ Filet Mignon ___ Chicken Caprese ___ Vegetarian

3. Attendee Last Name: _____ First Name: _____
Phone #: _____ Sitting together? ___Yes ___No
Choice of meal (select one):
___ Pan Seared Salmon ___ Filet Mignon ___ Chicken Caprese ___ Vegetarian

4. Attendee Last Name: _____ First Name: _____
Phone #: _____ Sitting together? ___Yes ___No
Choice of meal (select one):
___ Pan Seared Salmon ___ Filet Mignon ___ Chicken Caprese ___ Vegetarian

5. Attendee Last Name: _____ First Name: _____
Phone #: _____ Sitting together? ___Yes ___No
Choice of meal (select one):
___ Pan Seared Salmon ___ Filet Mignon ___ Chicken Caprese ___ Vegetarian

6. Attendee Last Name: _____ First Name: _____
Phone #: _____ Sitting together? ___Yes ___No
Choice of meal (select one):
___ Pan Seared Salmon ___ Filet Mignon ___ Chicken Caprese ___ Vegetarian

If you have more attendees, please use an additional form and attach together. Thank you