

Saturday, Feb. 20, 2010 All Saints Cana Dinner Registration



Name(s): _____

First Name & Last Name

& Choice

(Please Check One)

Two Entree Meal
(Includes:
Dijon Crusted Chicke Breast &
London Broil with Demi Glaze)
 Vegetarian Option

First Name & Last Name

Two Entree Meal
(Includes:
Dijon Crusted Chicken Breast &
London Broil with Demi Glaze)
 Vegetarian Option

Address: _____

Street/PO

City

Zip

Phone(s): _____

Email: _____

Cost: \$48.00 per Couple or \$24.00 per Individual
(Payable to All Saints)

For Office Use: Amount Rec'd _____ Check # _____

Date: _____ Rec'd by _____

For Cana Income Acct. #4194

Please drop off at the Parish Office.

Normal Office Hours: Monday-Thursday: 8 AM - 8 PM
Friday: 8 AM - 4 PM
Sunday: 8 AM - Noon

or Mail to:

All Saints Church
Attn: Cana Dinner
19795 Holyoke Ave.
Lakeville, MN 55044

REGISTRATION (with payment)

DEADLINE: Tues., Feb. 9, 2010

(We have to give our full payment to Crystal Lake
Golf Club on Feb.10.) (Limited to 220 people.)

or Register in Gathering Space after Weekend Masses