36th Annual Spring Fling

Tuesday, April 30, 2024 St. Matthew Catholic Church

Group Sign-Up Sheet

Church_____ **Total # Attending**_____

Club Name_____

Club Contact Person_____ **Phone #**_____

Contact Person's Address_____

Return to: Catholic Charities

1123 South Church Street

Charlotte, NC 28203-4003

Attn: Sandra Breakfield, Program Director, Elder Ministry

Registration Fee $15 per person (Checks payable to Catholic Charities) **Amount Enclosed**_____

Please print name and address of each member attending. **Deadline to Register is Monday, April 22nd**

1. **Name:** _____ **Address:**_____

   Phone: _____ **Email:** _____ **Parish:** _____

   Payment Method: _____

2. **Name:** _____ **Address:**_____

   Phone: _____ **Email:** _____ **Parish:** _____

   Payment Method: _____

3. **Name:** _____ **Address:**_____

   Phone: _____ **Email:** _____ **Parish:** _____

   Payment Method: _____

4. **Name:** _____ **Address:**_____

Phone: _____ **Email:** _____ **Parish:** _____

Payment Method: _____

5. **Name:** _____ **Address:**_____

Phone: _____ **Email:** _____ **Parish:** _____

Payment Method: _____

6. **Name:** _____ **Address:**_____

Phone: _____ **Email:** _____ **Parish:** _____

Payment Method: _____

7. **Name:** _____ **Address:**_____

Phone: _____ **Email:** _____ **Parish:** _____

Payment Method: _____

8. **Name:** _____ **Address:**_____

Phone: _____ **Email:** _____ **Parish:** _____

Payment Method: _____

9. **Name:** _____ **Address:**_____

Phone: _____ **Email:** _____ **Parish:** _____

Payment Method: _____

10. **Name:** _____ **Address:**_____

Phone: _____ **Email:** _____ **Parish:** _____

Payment Method: _____

11. **Name:** _____ **Address:**_____

Phone: _____ **Email:** _____ **Parish:** _____

Payment Method: _____

12. **Name:** _____ **Address:**_____

Phone: _____ **Email:** _____ **Parish:** _____

Payment Method: _____

13. **Name:** _____ **Address:**_____

Phone: _____ **Email:** _____ **Parish:** _____

Payment Method: _____

14. **Name:** _____ **Address:**_____

Phone: _____ **Email:** _____ **Parish:** _____

Payment Method: _____

15. **Name:** _____ **Address:**_____

Phone: _____ **Email:** _____ **Parish:** _____

Payment Method: _____