



REGISTRATION

1. _____ Individual Ticket : \$110.00
2. _____ Sponsorship: \$1500.000 includes table of 10 tickets and 10 signed copies
3. _____ I am unable to attend; enclosed is my contribution \$ _____

Name _____

Address _____

City, State, Zip _____

Phone _____

Email _____

Payment Options:

To Pay by Mail (Prior to March 27th):

Please make checks payable to: St. Peter's Orphanage

St. Peter's Orphanage

170 Diamond Spring Road, Derwille, New Jersey 07834

For questions please call St. Peter's Orphanage:

973.627.0212