



# Contemplative Outreach

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of St. Louis

## EVENT REGISTRATION

NAME OF EVENT \_\_\_\_\_

DATE OF EVENT \_\_\_\_\_

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY/STATE/ZIP \_\_\_\_\_

PHONE \_\_\_\_\_

E-MAIL \_\_\_\_\_

COST OF EVENT \$ \_\_\_\_\_

NUMBER ATTENDING \_\_\_\_\_ (IF MORE THAN ONE, PLEASE ENTER THE NAMES & CONTACT INFORMATION ON THE BACK OF THIS SHEET.)

AMOUNT ENCLOSED \$ \_\_\_\_\_

DONATION TO  
CONTEMPLATIVE  
OUTREACH                   \$ \_\_\_\_\_ \*

TOTAL ENCLOSED       \$ \_\_\_\_\_

PLEASE SEND THIS REGISTRATION FORM AND A CHECK PAYABLE TO "CONTEMPLATIVE OUTREACH OF ST. LOUIS" TO:

CONTEMPLATIVE OUTREACH OF ST. LOUIS  
11939 MANCHESTER ROAD, #402  
ST. LOUIS MO 63131

*\* THANK YOU FOR YOUR GENEROSITY!*