



Registration Form for PURCHASE ORDERS & CHECK

First Name: _____ Last Name: _____

E-mail Address: _____ Mobile Phone: _____

Billing Address: _____

Purchase Number/ Check Number: _____

Job Title: _____ Company/Agency: _____

Work Phone: _____ Gender: _____ Birthdate: _____

Social Security: _____ Ethnicity: _____

Shirt Size: _____ (ENDS JUNE 24)

How did you hear about this event: _____

Require any specific aids or services: _____ Dietary Restrictions: _____

SEND FORM AND PAYMENT TO:

E-mail: Dgarrett@haroldshouse.org

Mail: 109 Temple Blvd
Lufkin, TX 75901

Fax: 936-634-2017

You will receive invoice