



Haiti Meal Packing Event 2012

*Your hands feeding hungry children
around the world and around the corner*

REGISTRATION FORM

Office use only

Date _____

Rec'd _____

Check # _____

Name (individual or organization) _____

Contact Person _____

Address _____

Phone/Cell _____ Email: _____

Enclosed is our check in the amount of \$_____ marked "Meal Packing Project" and made payable to "Long Island Lutheran High School"

Please use my donation in support of the event as I am unable to participate.

I (we) understand that for each \$60 donated I (we) can schedule a two-hour packing session. **Large groups need not give individual names.** Please have individuals make checks made out to your organization and forward **ONLY** one check from your organization to Lutheran High School. **One contact name, along with a single check and the number of people in your group is all that is needed to secure your packing session.**

There will be _____ number of individuals participating with our group.

Our group preference for packing is as follows: (Please number in order of preference from 1 (most) to 5 (least))

Thursday, April 26, 2012 3 - 5 pm 5 - 7 pm 7 - 9 pm

Friday, April 27, 2012 3 - 5 pm 5 - 7 pm 7 - 9 pm

Saturday, April 28, 2012 9 - 11 am 11 am - 1 pm 1 - 3 pm
 3 - 5 pm 5 - 7 pm 7 - 9 pm

To reserve your session(s), return this form along with your check as soon as possible to:

LONG ISLAND LUTHERAN HIGH SCHOOL
HAITI MEAL PACKING PROJECT
131 Brookville Road - Brookville NY 11545