



Connections

EVENT REGISTRATION

Event: _____ Date of Event: _____
Event: _____ Date of Event: _____
Event: _____ Date of Event: _____
Event: _____ Date of Event: _____
Event: _____ Date of Event: _____

Your Name: _____ Phone: _____

Guest(s): _____

Address: _____

City: _____ State: _____ ZIP: _____

PICK-UP LOCATION: (please circle one)

Williamsville State Bank and Trust, 512 West Main, Williamsville, IL
Good Shepherd Lutheran Church, Main Street, Sherman, IL
Williamsville State Bank and Trust, 3341 Old Jacksonville Road, Springfield

SEND THIS PORTION TO LOUELLA

----- Cut Here -----

KEEP THIS PORTION FOR YOUR RECORDS.

Name of Event: _____ Date: _____

Cost: _____ Amount Paid: _____ Balance Due: _____ Date Due: _____