

Knights of Columbus – Orange County Chapter

Day of Sharing – April 26, 2025

Registration Form

| | | | |
|--------------------------------------|--|-----|---------------------------------------|
| Family or Home or Organization Name: | | | Check To Be Added To Our Mailing List |
| Address | City | Zip | |
| Organization Phone # (if applicable) | Organization Email (if applicable) | | |
| Point of Contact Name | Point of Contact Email | | |
| Point of Contact Phone # | Point of Contact Alternate Phone # (if applicable) | | |

| | |
|--|-------|
| Guests' Names - Attending (Please Print Clearly) Please list all attending for accurate food count - Lunch is Free for all | |
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| | |
|---|----------------------------------|
| Caretaker Names - Please list all attending for accurate food count - Lunch is Free for all | Attending Caretaker - Cell Phone |
| _____ | _____ |
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| _____ | _____ |

We will be taking pictures of this event and using those pictures to promote this event and the Knights of Columbus and our support of people with Intellectual Disabilities. Signing this form is your approval of this.

| | |
|---------------------|-------|
| Approving Authority | |
| Printed Name: | |
| Signature: | Date: |

EMAIL or FAX Form to:
Dan Kane – Day of Sharing Registration Contact: Phone: 206-954-3570; Email: dan0043@gmail.com; Fax: 888-979-9114