



Contemplative Outreach

of St. Louis

EVENT REGISTRATION

NAME OF
EVENT _____

DATE OF
EVENT _____

NAME _____

ADDRESS _____

CITY/STATE/ZIP _____

PHONE _____

EMAIL _____

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

514 E. Argonne Dr.

Kirkwood, MO 63122

***THANK YOU FOR YOUR GENEROSITY!**