





BISHOP

DR. MARY **HEALY**



JAMES MURPHY



VIRGINIA KING



FR. CHUCK WOOD

WOCCR 2017 Jubilee Registration, August 18-19 St. Joseph's Catholic Church, Salem OR

Please Print

Please fill out this form, enclose check and send to:

Jackie Morgan P.O. Box 236 Corbett, OR 97019



(We apologize that we cannot provide child care)

Please make checks payable to: WOCCR

Your Name:				
Address:				
City:	, State:	,Zip code:		
EMAIL ADDRESS:				
Spouse's Name: (If applica	ble)	_		
EMAIL ADDRESS:				
Number of Children being	registered:			
	TOTAL RE	GISTR <mark>ATION FE</mark> E_		
	Registrat	tion Fee include	es a Box Lunch	
All Box Lunch <mark>es incl</mark> ue Please in		, water, & condime oer of box lunches		
G	<mark>ege</mark> tarian Sandw <mark>luten f</mark> ree vegeta	vich arian		
G.	iuten iree turkey	y& cheese sandwi	CII	

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