

NAMES OF ATTENDEES:

1. _____

5. _____

2. _____

6. _____

3. _____

7. _____

4. _____

8. _____

PAYMENT INFORMATION:

Check enclosed: \$ _____

I will make my payment via Paypal on the website (www.toloveachild.net) \$ _____

Please charge my credit card:

Name on Card: _____

Card Number: _____

Mailing Address: _____

City/State/Zip _____ Exp Date: _____ Security Code: _____