

TRIVIA NIGHT TEAM ENROLLMENT FORM

Can't wait.....here is the information about our team!!!!

Team Name: _____

Team Theme: _____

Team Members:

1. _____

6. _____

2. _____

7. _____

3. _____

8. _____

4. _____

9. _____

5. _____

10. _____

Main Contact Name: _____

Phone Number: _____

*Sorry, we can't make it this year but would like to make a donation of \$_____

Please submit completed form with payment (\$250.00 per team/table) to St. Philip School office, Attn: Jeff O'Leary-Trivia Night Committee

Make All Checks Payable to: St. Philip Parent Association