

Please provide the name and address of each attendee your reservation is for and submit payment for each. Please indicate if attendee is a breast cancer survivor. Remember this must be postmarked by July 17th and reservations are limited to the first 250 attendees. Mail to S.GK. For the Cure, Attn: Survivor Luncheon, P.O. Box 4269, Shreveport, LA, 71134.

Attendee 1 _____
Address _____

Phone number _____

Breast cancer survivor – circle yes or no

Attendee 2 _____
Address _____

Phone number _____

Breast cancer survivor – circle yes or no

Attendee 3 _____
Address _____

Phone number _____

Breast cancer survivor – circle yes or no

Attendee 4 _____
Address _____

Phone number _____

Breast cancer survivor – circle yes or no

Attendee 5 _____
Address _____

Phone number _____

Breast cancer survivor – circle yes or no

Attendee 6 _____
Address _____

Phone number _____

Breast cancer survivor – circle yes or no

Attendee 7 _____
Address _____

Phone number _____

Breast cancer survivor – circle yes or no

Attendee 8 _____
Address _____

Phone number _____

Breast cancer survivor – circle yes or no

Attendee 9 _____
Address _____

Phone number _____

Breast cancer survivor – circle yes or no

Attendee 10 _____
Address _____

Phone number _____

Breast cancer survivor – circle yes or no

