

FOR OFFICE USE ONLY:

Payment Received _____

Date _____

Initials _____



Family Meals Made Easy

Tri-County Christian School

Meal Prep Night

Registration Form

Name: _____

Address: _____

Email: _____

Phone Number: _____

Payment

Number of People Attending _____ x \$172.00 = \$ _____

Donation to Tri-County Christian School (optional): \$ _____

Total Amount: \$ _____

Payment Method

_____ Cash

_____ Check (# _____)

_____ Credit Card (To register & pay online please visit

www.tccsfundraising.org/prep-freeze-cook)

***Please return form and payment to the TCCS office by*

Monday, February 25**

2900 West Loras Drive, Freeport