

Wine and Field Dinner Registration Form

Aug 7, 2020 Social Hour 5:00 pm, Meal 6:30 pm

Name(s):

Address:

Phone:

Email:

Sign and Date the following waiver.

I completely understand and realize that participation in the above-mentioned event or activity could include actions or tasks which might be dangerous or hazardous to me. By signing below, I agree to the fact that participation may cause harm or injury to me or anyone in my party. I release the organization, St. Peter on the Prairie, and any volunteers or employees related to, from all liability, costs, and damages that could result in the above-named event. I agree to accept financial responsibility for the costs related to any emergency treatment or damage and give my confirmation of the same by signing this document.

• Signature _____ Date: _____

Tickets are \$125 each. How many tickets are needed?

Total Due: _____

(\$125 times number of guests)

Please make checks payable to St. Peter on the Prairie.

Form and payment due to St. Peter by Aug 3, 2020.

St. Peter on the Prairie

PO Box 314

Madison SD 57042

• For questions please contact Melissa 605-480-2839, or Charlie 605-270-2665.