

Auxiliary Luncheon Registration Form

Noon, Friday, Sept. 3

Name (Please PRINT)	Auxiliary #/Branch #	After J
Street Address/PO Box		\$50 ea \$ be ava
City State Check one:	ZIP	30, and at the tion be
☐ Auxiliary Member ☐ Auxiliary State President ☐ NAPS Member ☐ Visitor	t	plete t it and to the
I'd like to purchase advance-order tickets at \$ The total is \$	\$45 each.	Advan Please
Advance ticket orders MUST be received on or Group name:	before July 24, 2021.	with a order p
Last Name/Auxiliary Name/Branch Name Pick up by:		Bonita Auxili Box 80
The above-named person <i>must</i> pick up the tic at the Auxiliary registration table.	ckets	LA 708 Thank

uly 24, I plan to ase _____ tickets at ch for a total of _. \$50 tickets will ilable Monday, Aug. d Tuesday, Aug. 31, Auxiliary Registraooth, Please comhis form and bring payment with you booth.

ce Sales: mail this form, check or money payable to National ary to NAPS, to a Atkins, National ary Secretary, PO 0181, Baton Rouge, 898.

you.