

## Bridal Show Registration Form



September 12<sup>th</sup>. 2010

Brides Name: \_\_\_\_\_

Grooms Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Date of your Wedding: \_\_\_\_\_

Reception Location: \_\_\_\_\_

Thank you for registering enjoy the show!

Please complete this form and send to  
Knights of Columbus Family Center  
810 S. Cable Rd.  
Lima, Ohio  
45805  
Email form to  
[kofc@wcoil.com](mailto:kofc@wcoil.com)