

# TABLE FOR 10

Table Registered by (Person/Parish/Organization) \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

	Last Name	First Name	Email	Phone	Mailing Address	Home Parish
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						

Complete and **Email** this form or information to : [info@SyracuseCatholicWomen.org](mailto:info@SyracuseCatholicWomen.org)

or **Mail** to : To: **Diocesan Commission on Women, c/o Roman Catholic Diocese of Syracuse, 240 E Onondaga St, Syracuse, NY 13202**

**Phone:** Tricia Halstead 315-591-5623 Names should be submitted as soon as possible, but no later than **October 14, 2017**