

2018 Holy Trinity Crab Feed Reservation Form

Name _____

Phone Number Including Area Code _____

Address _____

Email _____

Total Number of Tickets _____

_____ @ \$50.00 for Crab

_____ @ \$50.00 for Chicken (Non-Crab Eaters)

_____ @ \$20.00 Children, ages 8-12 _____ Crab _____ Chicken

Please make check payable to: Holy Trinity SOC

Mail to: Crab Feed, c/o Thea Zakula Pratte, 1346 Louisiana Drive, Concord, CA 94521-4620

Thank you!!!

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