



**FOR ONLINE REGISTRATION:** go to [www.christclinickaty.org](http://www.christclinickaty.org)

**REGISTER BY MAIL:**

25722 Kingsland Blvd, Suite 101, Katy, Texas 77494

by **Friday, September 7, 2018**

**TABLE CAPTAIN**

Contact Name: \_\_\_\_\_

Organization Name: \_\_\_\_\_

Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

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

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

Please seat me with:

Breakfast Selection

American/Vegan/Gluten Free

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

5. \_\_\_\_\_

6. \_\_\_\_\_

7. \_\_\_\_\_

8. \_\_\_\_\_

9. \_\_\_\_\_

10. \_\_\_\_\_

Please email logo in a png format to  
[michael@christclinickaty.org](mailto:michael@christclinickaty.org) by **Friday, September 14, 2018**.

For more information, please contact the Event Coordinator.

832-913-8476 | [michael@christclinickaty.org](mailto:michael@christclinickaty.org)

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**PLEASE RSVP BY SEPTEMBER 7, 2018**