

**BLUE ARMY SHRINE OF FATIMA BUS TRIP**

Please return this slip and payment of \$15/person to:

Good Shepherd Church Parish Office by Sunday, September 3, 2017

Name \_\_\_\_\_

Mailing address \_\_\_\_\_

\_\_\_\_\_

Phone number \_\_\_\_\_

Email address (if you use one) \_\_\_\_\_

(Checks should be made payable to: "Good Shepherd Church.")