

ALEXANDRIA UNITED METHODIST CHURCH

North Road, Alexandria, NH 03222

Mailing Address:
38 Jefferson Street
Laconia, NH 03246

Name _____

Address _____

City, State Zip _____

_____ Please reserve _____ space(s). My check for \$25 per space is enclosed. I understand that you will reserve space only upon receipt of my \$25 non-refundable fee.

_____ I/We will not be attending this year but please keep us on your mailing list

_____ I/We will not be attending. Please remove my/our name from your mailing list

Confirmation will be forwarded prior to the event.
Please make checks payable to: AUMC