

**Shrine Cook Off:
Sunday Dinner Signature Dish
Reservation**

NAME: _____
Company: _____
Address: _____
City, State, Zip: _____
Phone: _____
EMAIL: _____

PAYMENT: \$30 per person
of Tickets: _____ **x \$30 = TOTAL: \$** _____

Check # _____ **or V/ MC**
#: _____ **Exp:** _____

RESERVE NOW! Limited Seating

Mail Form to:

The Shrine of Our Lady of Pompeii
Attn: Cook Off
1224 W. Lexington Street
Chicago, IL 60607