

Pagan Pride Day Information Booth Registration



First Name: _____ Last Name: _____

Phone (____) _____ Email Address: _____

Information Booth: _____

Date: ____ / ____ / ____

Brief Description: _____

Comments / Questions: _____

Instructions:

Complete the form, and mail to:

Mike Avery c/o Louisville Pagan Pride
5406 Laurel Tree Place
Louisville, KY 40229-2241