



# Pap Opening Meeting

Registration Form

**Wednesday, October 16, 2024 at 7:00PM**

Social Hall - Open Seating

**\$20 donation per member**

Non-members come as our guest

Desserts will be served.

*For additional inquiries please contact*

Beva Lowe (305) 297-9868 [bsl716@gmail.com](mailto:bsl716@gmail.com) or

Carol Baronofsky (631) 327-6026 [carolbaronofsky@gmail.com](mailto:carolbaronofsky@gmail.com)

***RSVP required by October 11***

Print & Complete form, add Check payable to Pap Corps and place in envelope marked "Opening Meeting". Please drop the envelope in PAP folder in clubhouse.

..... Tear off here .....

**Name** \_\_\_\_\_ **Your Phone #** \_\_\_\_\_

**Your Email** \_\_\_\_\_

**Number of people attending** \_\_\_\_\_ **Total amount enclosed \$** \_\_\_\_\_

**Are you a current Pap member** **Yes** \_\_\_\_\_ **No** \_\_\_\_\_

**Can we recognize you as a cancer Survivor?** **Yes** \_\_\_\_\_ **No** \_\_\_\_\_

**Can we recognize you as a caregiver?** **Yes** \_\_\_\_\_ **No** \_\_\_\_\_

***People Attending with you***

Name	Pap Member?	Can we recognize as a Cancer Survivor or Caregiver?

*Additional names please print on the back of this form.*

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