



TABLE REGISTRATION

Head of Table _____ Number of People at Table _____

Contact Number _____

Address _____

Email _____

Trivia Team Members (First & Last Names)

1. _____ 5. _____

2. _____ 6. _____

3. _____ 7. _____

4. _____ 8. _____

Table \$100 ___ Individuals \$15 per person @ ___

Total Paid _____ *Please make checks payable to Sunrise PTO*

___ Cash ___ Check ___ Credit/Debit

Childcare ___ Number of Children ___

QUESTIONS & MORE INFORMATION

P: 636.586.6660

E: PTO@SUNRISE-R9.ORG

FB. SUNRISE R-IX PTO

HOW TO REGISTER

Please mail or drop off payment & registration forms to the Sunrise R-IX Office:
4485 Sunrise School Road, DeSoto, MO 63020

