

OLM Grandparents' Day Celebration -RSVP

Students' Family Name: _____

Grandparent(s)/Guest(s):

Name: _____

Address _____

phone: _____ email: _____

Name: _____

Address _____

phone: _____ email: _____

total number attending: _____ special arrangements needed _____

Student's Name(s), Grade(s) and Teacher(s)

Please indicate which child the grandparents wish to be seated with at mass

please return RSVP by Wednesday, May 22