

**To register, please complete form and include payment of \$20.00 per person.  
Make checks payable to: Helen Keller Memorial Fund**

**Mail to: PCC Ron Seybold  
40 County Road 1176  
Cullman, AL 35057**

**Name(s)**

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**Address**

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

**Phone** \_\_\_\_\_

**Number of tickets** \_\_\_\_\_