

Knights of Columbus – Orange County Chapter

Day of Sharing – April 18, 2026

Registration Form

Family Last Name or Name of Organization:

Check To Be Added To Our Mailing List

Address

City

Zip

Point of Contact Name

Point of Contact Email

Point of Contact Phone #

Point of Contact Alternate Phone # (if applicable)

Organization Phone # (if applicable)

Organization Email (if applicable)

Guests' Names - Attending (Please Print Clearly) Please list all attending for accurate food count - Lunch is Free for all

Caretaker Names - Please list all attending for accurate food count - Lunch is Free for all

Attending Caretaker - Cell Phone -Required

We will be taking pictures of this event and using those pictures to promote this event and the Knights of Columbus and our support of people with Intellectual Disabilities. Signing this form is your approval of this.

Approving Authority

Printed Name:

Signature:

Date:

EMAIL Form to:

Dan Kane – Day of Sharing Registration Contact:

Phone: 206-954-3570

Email: dan0043@gmail.com