## BOUNTIFUL HARVEST REGISTRATION FORM

work of Catholic So	cial Services Hastings.
Attendee Name(s):	
Address:	City/State/Zip:
Email:	Phone:
Please include all attendee names for name tags (use back if needed). Seating is open and the meal will be served buffet-style.	

Mail this form back with your payment no later than 10/21/22 to:

Please make checks payable to CATHOLIC SOCIAL SERVICES.

Catholic Social Services 333 West 2nd Street Hastings, NE 68901

You can register and pay online with a credit card at: csshope.org/bh22