



Get your Smart on - QU?ZZO NIGHT

Payment and Registration Form

EVENT DETAILS:

Let's get competitive! Get ready for a fun Friday night – giving you to opportunity to showcase those random facts you've gained through the years (or studied up on before hand 🤪). Bring Bevs, friends, and your brains!

Light bites will be provided as well as **sweet treats**. Please feel free to bring preferred snacks.

Date: February 2nd 2024

Time: 7:00 PM to 10:00 PM

Location: Mother of Providence Regional Catholic School (607 S. Providence Road, Wallingford, PA 19086) Lower Church

Cost: \$10 per person (includes Quizzo, food, water and fun)

CONTACT:

NAME(s) of Attendee(s): _____

Number of Attendee(s): _____

Email of Main Contact: _____

PAYMENT DETAILS:

Please PAY either via Venmo to **@MPRCS-HSA** code **3734**, state **"Quizzo Night, Name, # of participants"**

Or Cash Check[Made out to MPRCS] enclosed: \$_____ (or mail to address below)

For Planning Group

Added to Registration List? _____

Date Payment Received: _____

Venue of Payment: Venmo Check

Mother of Providence Regional Catholic School

Attn: Quizzo Night

607 S. Providence Road

Wallingford, PA 19086