

REGISTRATION FOR MOM AND ME TEA

Names of guests attending:

Address: _____

Phone Number: _____

Email: _____

I am enclosing the following payment made out to Life Options Clinic: (due by Tuesday, November 12)

_____ **\$25 for one mother/daughter team**

_____ **\$5 for each additional daughter**

_____ **Total Enclosed**

**Please mail to: Life Options Clinic
5775 Berryhill Road
Milton, FL 32570**