

**FLORIDA ANNUAL CONFERENCE**

**MEMORIAL LUNCHEON RESERVATION FORM**

Friday, June 3, 2005

\_\_\_\_\_ Yes, I will be attending the Memorial Luncheon.

\_\_\_\_\_ Number of IMMEDIATE family members who will attend.

\_\_\_\_\_ Extended Family members attending (\$15.00 per person)  
*Make checks payable to Florida Conference Treasurer*

\_\_\_\_\_ No, I will not be able to attend.

Name: \_\_\_\_\_

The Family of \_\_\_\_\_

Please return this reservation form by May 1, 2005 to:

Rev. Carmen Arnett  
401 SW First Street  
Belle Glade, FL 33430