

Mail completed form with
check or money order to:

Midwest Magic Jubilee
619 Pinebrook Dr.
Chesterfield, MO 63017



Jimmy "Cards" Molinari Registration

Name _____
(Last) (First)

Address _____

City _____ State _____ Zip _____

Phone _____

Email _____

Total Amount Paid

\$ _____ check cash Pay Pal

MasterCard Visa Card# _____ Exp.Date _____

Special Instructions: (seating, special needs)
