

Registration for Dinner for 8

Name(s) of adults in your family who are registering:

Email address: (please print neatly)

Home phone number:

Cell phone number:

Home address:

Which do you prefer? (please check one)

- Adults only evening
- Bring children to be seated at kid's table
- Either is fine with me

Where would you like to have dinner? Select one or more:

- Restaurant
- Participants' Homes
- Either is fine with me

Are there any food allergies that would be important for your fellow dinner mates to know?

What is your meeting night preference? **Circle all that would work for you.**

Sunday Monday Tuesday Wednesday Thursday Friday Saturday

Would you be willing to coordinate a group? **(Please circle one)**

Yes No Maybe

Contact: Michelle Shaw
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