

DINNER FOR EIGHT REGISTRATION FORM

Name(s):

Address:

Phone Number: _____

Email: _____

Regular or Substitute (please circle one)

Preferred Month(s) to host:

1st choice _____ **2nd choice** _____

Please circle any date you WILL NOT be able to attend:

Sept. 5

Feb. 6

Oct. 3

March 6

Nov. 7

May 1

Dec. 5

June 5

**Please bring to Sept. 5 kick-off or contact Fran Vitale at
375-8890 or fcvitale@aol.com**