



Name: _____

Address: _____

Email: _____

GUEST REGISTRATION

PLEASE LIST ALL GUESTS (INCLUDING YOURSELF) WHO ARE ATTENDING AND THEIR DIETARY OR SPECIAL NEEDS. PLEASE PRINT.

1. _____ 5. _____

2. _____ 6. _____

3. _____ 7. _____

4. _____ 8. _____

I would like to sit with: _____

DIETARY OR SPECIAL NEEDS

Guest #: _____ Needs: _____

Guest #: _____ Needs: _____

Guest #: _____ Needs: _____

Guest #: _____ Needs: _____

For inquiries, please contact Dianne (dianne.mathieu@sympatico.ca).