

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](mailto:dianne.mathieu@sympatico.ca)).