

Madison Catholic Woman's Club
ANNUAL BABY SHOWER & LUNCHEON - February 11, 2020
Reservation Form

Participant's name: _____

Phone: _____ Email: _____

Parish: _____

I would like to reserve ___ seat(s) at \$18/each.

Number of tickets purchased = _____ Total \$ amount enclosed: _____

Checks made out to MCWC, please

Name(s) and parish other guests attending with you:

Guest Name: _____ Parish: _____

Guest Name: _____ Parish: _____

Guest Name: _____ Parish: _____

Dietary restrictions: (how many) Gluten free _____ Vegetarian _____

Return this form and your check made payable to MCWC to our
reservation coordinator by **Tuesday, February 5, 2020**

Mail to Gail Yellen-Shiring at 2222 Hillington Green, Madison, WI 53726