

MCWC CHRISTMAS LUNCHEON-DECEMBER 10TH RESERVATION FORM

Participant's name: _____

Phone: _____ Email: _____

Parish: _____

I would like to reserve ___ seat(s) at \$22/each.

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

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, December 3, 2019** ... the Tuesday after Thanksgiving.

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