

CLCF Somewhere In Time XI, Saturday, June 18, 2016

Please reserve _____ individual seats at \$150 each \$ _____
I am unable to attend, but please accept my donation of \$ _____
As there will be no "Raise the Paddle" opportunity,
I will donate to CLCF the additional amount of \$ _____
Total enclosed \$ _____

Please make checks payable to Cedar Lakes Conservation Foundation or attach credit card information below. Payment for all guests must be enclosed to ensure your reservation. (\$50 of each dinner reservation is tax deductible, as allowed by law.)

Name on card: _____
Address: _____
City _____ State _____ Zip _____
E-mail _____
Please bill ___ Visa ___ MC ___ AmEx ___ Discover
_____ Exp. Date _____ CVV Code _____
Signature _____

The favor of your response is requested by June 3, 2016. Seating is limited.

I would like to be seated with _____

Please list all attendees:

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____

Menu is gluten-free. Artisanal bread will be offered separately.

Vegetarian option available upon request with RSVP.

_____ has special dietary restrictions. Please describe: _____
