

Orlando Area Conference

Dream Girls

Saturday, January 18, 2020

Second Harvest Food Bank; Orlando, Fl

\$35 per person if registered by 12/12/19
\$38 after (no cancellations after 01/04/2020)



Chapter Name: _____

Contact Name: _____

Address: _____

FOR the TOUR: To allow for a count to be given to Second Harvest Foodbank, please check 'Yes' or 'No' for each attendee

Name of Attendees: (please print clearly)

Table with 2 columns: TOUR YES, TOUR NO. Multiple empty rows for marking attendance.

Multiple horizontal lines for writing the names of attendees.

Amount Due: (first come / first serve) Ways & Means Tables: FULL: \$20 _____ HALF: \$10 _____
of Attendees: _____ x \$35 (\$38 after 12/12/19) = _____
Total Amount Enclosed: = _____

Please make checks payable to: Orlando Area Council
Mail to: June Rathbun
5542 Lake Mary Jess Shores Ct
Orlando, FL 32839