

**RSVP by Friday,
August 31, 2018**

Registration Form

Name _____

Address _____

City _____ State _____ Zip _____

Mobile Phone _(_____)_____

Other Phone _(_____)_____

Email _____

Church _____

Emergency Contact Name _____

Relation _____ Phone _____

We accept your commitment to attend this event when we have received your completed registration or RSVP in our office.

Meal Selections

	Indicate your choice (✓)	Choose a salad and a soup or the vegetarian option
Meal #1	<input type="checkbox"/>	Blackened Shrimp Salad
	<input type="checkbox"/>	Chicken Caesar Salad
	<input type="checkbox"/>	Seafood Gumbo
	<input type="checkbox"/>	Chicken & Sausage Gumbo
	<input type="checkbox"/>	Garden Salad & Bread

	Indicate your choice (✓)	Each entrée is served with a side salad
Meal #2	<input type="checkbox"/>	Grilled Chicken Breast and Hot Vegetables
	<input type="checkbox"/>	Fried Fish Filet and French Fries
	<input type="checkbox"/>	Garden Salad and Dinner roll

Meal #3	The breakfast buffet will consist of a variety of options.	
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	Indicate your choice (✓)	Choose a sandwich bar (Includes a wide variety of condiments and add-ons) or the vegetarian option
Meal #4	<input type="checkbox"/>	Hamburger Bar
	<input type="checkbox"/>	Pulled Pork Slider Bar
	<input type="checkbox"/>	Garden Salad & Bread

Indicate food allergies: _____