

COA YOUTH & FAMILY CENTERS 2018 PARENTS OF THE YEAR LUNCHEON

Wednesday, August 15th • Italian Community Center • 11:30am - 1:30pm



Guest List and Meal Choices (please return by August 1)

Chicken:

Vegetarian:

1. NAME: _____ TITLE: _____
COMPANY: _____ Chicken
DAYTIME PHONE or EMAIL: _____ Vegetarian
2. NAME: _____ TITLE: _____
COMPANY: _____ Chicken
DAYTIME PHONE or EMAIL: _____ Vegetarian
3. NAME: _____ TITLE: _____
COMPANY: _____ Chicken
DAYTIME PHONE or EMAIL: _____ Vegetarian
4. NAME: _____ TITLE: _____
COMPANY: _____ Chicken
DAYTIME PHONE or EMAIL: _____ Vegetarian
5. NAME: _____ TITLE: _____
COMPANY: _____ Chicken
DAYTIME PHONE or EMAIL: _____ Vegetarian
6. NAME: _____ TITLE: _____
COMPANY: _____ Chicken
DAYTIME PHONE or EMAIL: _____ Vegetarian
7. NAME: _____ TITLE: _____
COMPANY: _____ Chicken
DAYTIME PHONE or EMAIL: _____ Vegetarian
8. NAME: _____ TITLE: _____
COMPANY: _____ Chicken
DAYTIME PHONE or EMAIL: _____ Vegetarian

**Please list any dietary restrictions next to the guest's name*