

# COA YOUTH & FAMILY CENTERS 2019 PARENTS OF THE YEAR LUNCHEON

Monday, August 12<sup>th</sup> • Italian Community Center • 11:30am - 1:30pm



## Guest List and Meal Choices (please return by July 24<sup>th</sup>)

Chicken: TBD  
Vegetarian: TBD

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 - vegan option available by request*