

Zonta Club of Corvallis

38th Annual Gala and Auction ... Roaring into the 20's, 100 Years of Zonta Service Registration Form

If you wish to register by mail, please complete the sections below for each attendee and return along with your check made payable to the Zonta Service Foundation of Corvallis. Send to P.O. Box 792, Corvallis, OR, 97339. Registration is \$75 per person.

All registrations and payments must be received no later than November 17, 2019.

Meal Choice(s): **Dual plate:** Salmon & Beef Tenderloin with Mushroom Risotto and Roasted Vegetables, OR **Vegetarian plate:** Eggplant Parmesan with Marinara and Cheese, Mushroom Risotto and Roasted Vegetables.

(Please note that eight is the maximum number of people that may be seated at a table)

Thank you for your support!

1. Name: _____

Address: _____

Email address: _____

Phone: _____ Preferred seating, if any _____

Dual Plate – _____ Vegetarian – _____ Note special dietary needs if any - _____

2. Name: _____

Address: _____

Email address: _____

Phone: _____ Preferred seating, if any _____

Dual Plate – _____ Vegetarian – _____ Note special dietary needs if any - _____

3. Name: _____

Address: _____

Email address: _____

Phone: _____ Preferred seating, if any _____

Dual Plate – _____ Vegetarian – _____ Note special dietary needs if any - _____

4. Name: _____

Address: _____

Email address: _____

Phone: _____ Preferred seating, if any _____

Dual Plate – _____ Vegetarian – _____ Note special dietary needs if any - _____

5. Name: _____
Address: _____
Email address: _____
Phone: _____ Preferred seating, if any _____
Dual Plate – _____ Vegetarian – _____ Note special dietary needs if any - _____
6. Name: _____
Address: _____
Email address: _____
Phone: _____ Preferred seating, if any _____
Dual Plate – _____ Vegetarian – _____ Note special dietary needs if any - _____
7. Name: _____
Address: _____
Email address: _____
Phone: _____ Preferred seating, if any _____
Dual Plate – _____ Vegetarian – _____ Note special dietary needs if any - _____
8. Name: _____
Address: _____
Email address: _____
Phone: _____ Preferred seating, if any _____
Dual Plate – _____ Vegetarian – _____ Note special dietary needs if any - _____

CONTRIBUTIONS IN SUPPORT OF ZONTA ACTIVITIES ARE ALWAYS WELCOME.