

FALL MEETING REGISTRATION (please print)

Name _____

Phone # _____ (Cell/Home)

Address _____

Email: _____

Club name: _____

Please indicate your choice of sandwich: ____

1. Turkey
2. Roast Beef with Roasted Pepper
3. Patrick's Vegetarian Sandwich

Please indicate any special dietary requirements:

Indicate your choice of Beverage: ____

1. Coke
2. Diet Coke
3. Sprite
4. Diet Sprite
5. Dasani Water

Indicate your choice of Chips: ____

1. Regular
2. Salt & Vinegar
3. Garlic & Parmesan
4. BBQ

Indicate your choice of Dessert: ____

1. French Meringue
2. Chocolate Chip Cookie
3. Walnut, Raisin Chocolate Chip Cookie
4. Craisin Oatmeal Cookie

Send your check for \$22, payable to FGCM, no later than October 26th to:
Pat Almsted, 2908 Sunnyside Circle, Burnsville, MN 55306