

RSVP BY FEBRUARY 20th WITH CHECK TO: Shaker Lakes Garden Club
c/o Carol Provan
2 Hampton Court
Beachwood, OH 44122

NAME: _____

PHONE NUMBER (REQUIRED): _____

EMAIL ADDRESS (REQUIRED): _____

***** NONE OF YOUR INFORMATION WILL BE USED FOR ANY PURPOSE OTHER THAN TO NOTIFY YOU OF ANY CHANGES RELATED TO THIS PROGRAM *****

_____ Number of seats requested for Feb 28th program @ \$25 per person

Enclosed is my check for \$ _____ (\$ 25 per person)

Checks can be made out to Shaker Lakes Garden Club.

NAME(S) OF MY GUEST(S): _____

(FEEL FREE TO ADD MORE NAMES ON THE BACK OF THIS FORM)

Seating will not be secured until payment is received.

