

The East Coast Kitchen Party

Attendee Information

To ensure you have the appropriate meal and seating requirements on May 11th, please complete the form below and email to party@rotaryeastcoastkitchen.ca before May 4th.

Contact information:

Title: _____ First Name: _____ Surname: _____

Company: _____

Address: _____

City: _____ Province: _____ Postal code: _____ Telephone: _____

Fax: _____ Email: _____

Names of Guests:

1. _____	5. _____
2. _____	6. _____
3. _____	7. _____
4. _____	8. _____

Menu Requests: Unless otherwise noted we will assume that everyone would like a lobster meal - no substitutions will be made on May 11th as this results in slower service for everyone in attendance

Number of lobster meals: _____ Number of vegetarian meals: _____ Number of pulled pork meals: _____

Please list all food allergies: _____

For any special seating requirements or considerations, please indicate your table's or guest's type of mobility aid, or any other needs: _____



