Yes, We will be attending!

Please reserve for me and my guests: _____ Individual seating, $130 each

Name _____ Ph _____

Email _____

Address_____ City _____ State _____ Zip _____

PAYMENT METHOD

_____ Check enclosed payable to: "Santa Rosa Sunrise Rotary"

_____ Please charge my card: ___ Visa   ___ Mastercard

Card no# _____ Expires _____

Name (as appears on card): _____

---

1. Name _____
Address _____
_____
City _____ State _____ Zip _____

2. Name _____
Address _____
_____
City _____ State _____ Zip _____

3. Name _____
Address _____
_____
City _____ State _____ Zip _____

4. Name _____
Address _____
_____
City _____ State _____ Zip _____

5. Name _____
Address _____
_____
City _____ State _____ Zip _____

6. Name _____
Address _____
_____
City _____ State _____ Zip _____

7. Name _____
Address _____
_____
City _____ State _____ Zip _____

8. Name _____
Address _____
_____
City _____ State _____ Zip _____

9. Name _____
Address _____
_____
City _____ State _____ Zip _____

10. Name _____
Address _____
_____
City _____ State _____ Zip _____