

| Name:             | Phone:                                                                                           |
|-------------------|--------------------------------------------------------------------------------------------------|
| Email:            |                                                                                                  |
| Dietary Restricti | ons:                                                                                             |
| Sign-up to hos    | t, co-host, or attend.                                                                           |
| •                 | referred area to attend or co-host, please indicate by ranking as applicable ing most preferred] |
| We will do our    | best to accommodate your location preference.                                                    |
| I would like to:  |                                                                                                  |
|                   | Attend                                                                                           |
|                   | Co-Host by helping & collecting meal costs and taking notes.                                     |
|                   | Host - I can accommodate guests in my home                                                       |
|                   | Host Address:                                                                                    |
|                   |                                                                                                  |
| on Preference:    |                                                                                                  |
| ny North /        | West End NE Tacoma Gig Harbor South Tacoma Pu                                                    |

Please complete this form, save it, and email it to Clubadmin@rotary8.org