

Please fill out the following and send with a check to **Diane Hedrick, 4682 Amaryllis, Elida, 45807 by September 8, 2018. Cost is \$30 per person.**

NAME: _____

HIGH SCHOOL NAME (if different) _____

NAME OF GUEST _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

EMAIL _____ PHONE _____

TOTAL AMOUNT ENCLOSED FOR _____ GUESTS = _____