

California Club Reservations (Please **P R I N T** clearly)

Your Name: _____ Month _____ Phone: (____) _____

Email: _____ Preferred Location or Table No. _____

Note: location is not guaranteed. Priority is given to early registration by members.

| | NAMES (be sure to include yourself) | Member Y/N | Entrée Selection from Flyer | Sugar Free Dessert Yes/No |
|----|--|-----------------------|------------------------------------|--------------------------------------|
| 1 | | | | |
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| 8 | | | | |
| 9 | | | | |
| 10 | | | | |

Number of Members _____ x \$33 each = _____

Number of Non-members _____ x \$38 each = _____

Total Amount Enclosed _____

Questions? Call 949-315-0174 or email: CalClubReservations@gmail.com.

Must be received by the Wednesday BEFORE the event. Please register early as we may sell out. Mail this form with all checks payable to

California Club to: **California Club Reservations**
P.O. Box 2343
Laguna Hills, CA 92654-9998