

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				
2				
3				
4				
5				
6				
7				
8				
9				
10				

Number of Members _____ x \$38 each = _____

Number of Non-members _____ x \$43 each = _____

Total Amount Enclosed _____

Questions? Call 949-342-4092 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