

Please PRINT legibly



CAC Name: _____

ST/Prov. _____

HOSTESS CHAPTER

Hostess Chapter Name & Number _____

Physical Street Address _____

City _____ State/Prov. _____ Zip _____

Location Phone # () _____

SESSION SPECIFICS

Day _____ Date _____ Start Time _____ End Time _____

RSVP Phone() _____ RSVP Email _____

LEADER CONTACT INFO.

Leader Name _____

Leader Street Address _____

Leader City _____ State/Prov. _____ Zip _____

Leader Phone() _____ Leader Email _____

Leader ID# _____

NOTES

Total mileage if in excess of 200 mi _____

Overnight stay requested

