

# Zoar Community Association Dinner Event Series



## Registration Form:

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_

E-mail \_\_\_\_\_

Individual \$40.00 Couple \$75.00 All three dinner events \$200.00/couple

### Type of Payment:

Check \_\_\_ MO\_\_\_ Cash \_\_\_ MC/Visa \_\_\_

Credit Card # \_\_\_\_\_

Expiration Date \_\_\_\_\_

Signature \_\_\_\_\_

### Date(s) I will be attending: (Please circle)

April 25, 2009

June 20, 2009

October 10, 2009

**Please make checks payable to:  
Zoar Community Association**

Mail registration and full payment to:  
Attention: ZCA Dinner Events  
Zoar Community Association  
P.O. Box 621  
Zoar, OH 44697

You will receive a letter of confirmation or a refund in the event that the date is full.  
*NO REFUNDS FOR CANCELLATIONS BEYOND ONE WEEK PRIOR TO EVENT.*

\_\_\_ I would like to be placed on a waiting list for the next dinner in the event the one I chose is filled.