

## ***Welcome to Family Night Dinner!***

Please fill out your name, the number of adults and children, and mark your total payment in the spaces provided. Please also indicate whether you will be paying by cash or check.

Name: \_\_\_\_\_

Number of Adults (ages 9 and up): \_\_\_\_\_ x \$6 = \_\_\_\_\_

Number of Children (ages 4-8): \_\_\_\_\_ x \$4 = \_\_\_\_\_

Children 3 and under are FREE!

Total Payment Amount: \$\_\_\_\_\_ Cash: \_\_\_\_\_ Check: \_\_\_\_\_

Month: \_\_\_\_\_ Week 1:\_\_\_ Week 2:\_\_\_ Week 3:\_\_\_ Week 4:\_\_\_ Week 5:\_\_\_

Please bring this completed card to the payment table.  
Thank You!

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