

**Thanksgiving Dinner
Registration Form**

Name: _____

Address: _____

Cell phone #: _____

Email address: _____

Serving Preference (11:30 or 1:30PM) _____

Please mail this form and your check to:
Marilynn Lockhart
P.O. Box 445
Waleska, GA 30183-0445

DEADLINE IS TUESDAY NOVEMBER 19, 2019!