

GRAND BETHEL FALL – INN

Dates _____

GUEST MEAL COST REGISTRATION FORM

Make check payable to: **JDI GB of MN**

Mail to: **Grand Bethel Guardian Secretary**

Name _____ Phone # _____

Address _____ City _____ State _____ Zip _____

Bethel # _____ Location _____

Meals	Qty	Cost	Total Amount
Saturday Lunch	_____	X \$ _____ =	_____
Saturday Banquet	_____	X \$ _____ =	_____
Sunday Brunch	_____	X \$ _____ =	_____
	Grand Total Amount		\$ _____

Guests coming to Fall-Inn for a meal and special event but not staying over night.
Mail registration form and payment by Deadline Date _____.