

**RAMBLING GEMS** January 25, 2020

**RED HAT LUAU RESERVATION FORM**

**ONE CHECK PLEASE**

Chapter Name \_\_\_\_\_

Location \_\_\_\_\_ Chapter ID # \_\_\_\_\_

QM's Name \_\_\_\_\_

QM's Phone \_\_\_\_\_ RHS Member # \_\_\_\_\_

Email \_\_\_\_\_

*Be prepared to show your RHS member card if requested.*

1. Attendees Name: \_\_\_\_\_ RHS Member # \_\_\_\_\_

2. Attendees Name: \_\_\_\_\_ RHS Member # \_\_\_\_\_

3. Attendees Name: \_\_\_\_\_ RHS Member # \_\_\_\_\_

4. Attendees Name: \_\_\_\_\_ RHS Member # \_\_\_\_\_

5. Attendees Name: \_\_\_\_\_ RHS Member # \_\_\_\_\_

6. Attendees Name: \_\_\_\_\_ RHS Member # \_\_\_\_\_

7. Attendees Name: \_\_\_\_\_ RHS Member # \_\_\_\_\_

8. Attendees Name: \_\_\_\_\_ RHS Member # \_\_\_\_\_

9. Attendees Name: \_\_\_\_\_ RHS Member # \_\_\_\_\_

10. Attendees Name: \_\_\_\_\_ RHS Member # \_\_\_\_\_

**Payable to: QM Joanne LeBoutillier and mailed to  
421 Maple Tree Dr. #310, ALTOONA, FL 32702**