

VWRHOA Banquet Registration
Mail to: VWRHOA, PO Box 94, Chatham, VA 24531

Name _____ Total Number Attending (including you) _____

Name of Guest\$ in party: _____

Cost:

_____ Member meals @ \$45 each = _____

_____ Member youth 11 & under @ \$0 each = \$0

_____ Non-member meals @ \$45 each _____

Total Payment Enclosed: _____

Payment by _____ check (enclosed)

_____ Credit card (fill out below) or email vwrhoa.manage@gmail.com

Credit card information: Name on card: _____

Card number: _____ Expiration Date : _____

Security code: _____ Zip code: _____