

THE CIVIL WAR ROUND TABLE OF ST. LOUIS SPECIAL EVENTS RESERVATIONS FORM

Your Name (required): _____

Please enter the date and/or code to let us know which special event you are going to attend.

Date of the special event: _____ / _____ / _____

Code OR Even title: _____

Number of CWRT Members attending including yourself (If none, enter zero) * _____

Names of member (optional): _____

(use "any comments area and/or back of this sheet for more names)

Number of NON-members attending include yourself if you are a non member (If none, enter zero) * _____

Names of NON-members (Optional): _____

(use "any comments area and/or back of this sheet for more names)

Please note, if there are any fees associated with this event, please bring the correct amount (unless specified in the event) with you. We do not take any charge/debit cards as we have no way to process this. Thank you.

Any comments, information you would like to let us know (optional): _____

**Make checks payable to CWRT St. Louis – mail 10 days prior to meeting or bring to the next meeting:
CWRT St. Louis P O Box 220982 St Louis MO 63122**