

# BREAKFAST WITH SANTA

## REGISTRATION FORM

LEASEHOLDER NAME \_\_\_\_\_

NUMBER OF PEOPLE FOR BREAKFAST  
(ADULTS AND CHILDREN OVER 10 - LIMIT 6) \_\_\_\_\_

TOTAL AMOUNT ENCLOSED \_\_\_\_\_ \$20.00 PER PERSON

*CHILDREN 10 AND UNDER TO RECEIVE A GIFT FROM SANTA*

(PLEASE CIRCLE)

CHILD'S NAME	_____	AGE	_____	GIRL	BOY
CHILD'S NAME	_____	AGE	_____	GIRL	BOY
CHILD'S NAME	_____	AGE	_____	GIRL	BOY
CHILD'S NAME	_____	AGE	_____	GIRL	BOY
CHILD'S NAME	_____	AGE	_____	GIRL	BOY
CHILD'S NAME	_____	AGE	_____	GIRL	BOY



PLEASE COMPLETE AND RETURN TO KAYLEE  
BY NOVEMBER 17<sup>TH</sup>

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