

ANNUAL DINNER RESERVATION FORM

Please complete this reservation form and send it, together with your check in the applicable amount made payable to the Pelham Youth Hockey Association to:

Pelham Youth Hockey Association
c/o Lisa Reilly
35 Beech Tree Lane
Pelham Manor, New York 10803

If you have any questions regarding the annual dinner or would like to volunteer to help set up or clean up, please contact to Lisa Reilly at reillyler@aol.com.

Family name: _____

Telephone no.: _____

Number of players attending: _____

Number of parents/ adults attending: _____

Number of siblings (not in the program) attending: _____

Total number attending: _____

Players will be seated at tables with their teammates. Parents will be seated at tables located near their respective player with other parents from the team. If you have more than one player, please indicate in the space below the name of the team that you would like to be seated with. We will make every effort to seat you with your preferred team. Your seat assignment will be given to you when you check in.

Parent name: _____ Please seat me, together with _____ others of my party with the _____ team.

Parent name: _____ Please seat me, together with _____ others of my party with the _____ team.

IT IS IMPERATIVE THAT WE HAVE A HEADCOUNT FOR THE DINNER AS SOON AS POSSIBLE, SO PLEASE EMAIL LISA REILLY AT REILLYLER@AOL.COM WITH THE NUMBER OF YOUR FAMILY MEMBERS AND GUESTS WHO WILL BE ATTENDING THE DINNER, EVEN IF YOU HAVE NOT YET COMPLETED THIS FORM OR SENT IN PAYMENT. THANK YOU.