

Registration and Hospitality Form
Representative Committee 2011
March 4-5, 2011
San Francisco Monthly Meeting
65 Ninth Street, San Francisco, CA 94103
for directions, go to sfquakers.org

RETURN FORM BY FEB 21, 2011

Monthly Meeting or Worship Group: _____

Name(s): _____

Address: _____

Telephone (day/evening/cell) _____

Email Address: _____

Travel:

I am arriving on (circle) March 4th, March 5* at approximately (time) _____

I am arriving at (place) _____

If driving from the north, can you pick up persons along the way or drop them off on the return trip? Yes No

If driving from the south, can you pick up persons along the way or drop them off on the return trip? Yes No

Hospitality:

Will you need San Francisco Meeting to provide a bed for you? Yes No

 On March 4* Yes No

 On March 5* Yes No

If so: Will share a room. Yes No

 Will accept mattress on the floor in shared room. Yes No

 Can drive to hospitality site. Yes No

 Have allergies to pete? Yes No

 Have other allergies we should know about? Yes No

Meals:

I will join the group for: Saturday continental breakfast Yes No

 Saturday lunch (donation requested) Yes No

 Saturday dinner (donation requested) Yes No

Do you have any food allergies or dietary restrictions? Please tell us about them *below*:

Please complete this questionnaire and send it by February 21st to Stephen Matchett, at the meetinghouse address at the top of this page or to stephenmatchett@earthlink.net.