

Men of Mystery Registration Form

Please complete and mail with your payment to

Men of Mystery
c/o Dianne DeMille
1700 W. Cerritos, Unit 101, Anaheim, CA 92804
(714) 536-9966

REGISTRATION

Your Name: _____
(As you wish it to appear on your name tag)

Mailing Address: _____

City: _____ **State:** _____ **Zip:** _____

Email: _____

Daytime Phone: _____ **Cell Phone:** _____

Special Allergies and/or Dietary Needs (i.e. no dairy, no gluten, no nuts)
Please specify _____

Entree Preference (Please select one): Vegetarian _____ Chicken _____

GUEST (If Applicable)

Guest's Name(s): _____
(As you wish it to appear on the name tag)

Special Allergies and/or Dietary Needs (i.e. no dairy, no gluten, no nuts)
Please specify _____

Entree Preference (Please check one): Vegetarian _____ Chicken _____

REGISTRATION FEES Please make check payable to **Men of Mystery.**

Attendee (\$80) _____

Guest (\$80) _____

Donation _____ (Your optional donation helps fund our scholarship and future events.)

Total: _____

We look forward to seeing you on Saturday, September 28, 2024!