SEAT RESERVATIONS 20 ___
Kent County 4-H Achievement Banquet

PLEASE LIST ALL WHO PLAN TO ATTEND.
IT IS VERY IMPORTANT TO OUR SEAT COUNT.
PLEASE MAKE SURE EVERYONE HAS PAID PRIOR TO THE BANQUET.

Please complete this form and submit with check by one week prior to Banquet

All Seats $3 per person Children 4 & under are FREE

Please make checks payable to: **KENT COUNTY 4-H LEADERS ASSOCIATION**

Club Name _____ Leader _____

Name of individual or family name	# of Seats at $3 each	Children 4 & under FREE	Total # of Seats

(YOU MAY ATTACH A SEPARATE LIST)

Total # of seats at $3 _____ Total FREE Seats _____ Total $ DUE ___

For office use:

Total $ received _____ Check(s) _____ Cash _____