



September 12, 2010
Willowbend Country Club

of Tickets _____
a.m. _____ **p.m.** _____

Name _____

Address _____

Phone Number () _____

E-mail Address _____

Member Number _____

Seating:

Morning (9:00-11:30 a.m.) _____
Breakfast Buffet.

Afternoon (1:00-3:30 p.m.) _____
Buffet of assorted sandwiches, salad & fruit.

Number of Adults: _____

Number of Children: _____

Please indicate names and ages of children attending:

Total Number of Tickets: _____ x \$ _____ = _____
(\$45.00 per ticket for members / \$50.00 per ticket for non-members)

Method of Payment: _____ Cash _____ Check _____ Charge (type: _____)

Card Number _____

Expiration Date: _____

Food allergies? _____

Seating Requests? _____

Please indicate any other parties with whom you wish to sit.

PLEASE DOWNLOAD AND COMPLETE FORM AND RETURN WITH PAYMENT TO:
CAPE COD CHILDREN'S MUSEUM
577 Great Neck Road South
Mashpee, MA 02649

You will receive an email or telephone confirmation on or before September 1st.