



WTHEA 2017 Fall Kick-Off and Family BBQ Picnic

(RSVP form. Please Print)

Parents Names: _____

Address: _____

City: _____ State: _____ Zip: _____

County: _____ Phone#: _____ 2nd Phone: _____

E-Mail: _____

Name of Cover/Umbrella School: _____

Childs Name: _____ Age: _____

Childs Name: _____ Age: _____

Childs Name: _____ Age: _____

Childs Name: _____ Age: _____

Childs Name: _____ Age: _____

Childs Name: _____ Age: _____

Childs Name: _____ Age: _____

Childs Name: _____ Age: _____

Childs Name: _____ Age: _____

Childs Name: _____ Age: _____

WTHEA Member: yes no

\$3.00 Per person for WTHEA members \$15.00 maximum per family

\$5.00 Per person for non-members, \$25.00 maximum per family

(Children ages 3 and under are **FREE**)

Total amount in closed \$ _____

Make checks payable and mail to:

WTHEA

P.O. Box 10013

Jackson, TN. 38308



In order to make sure we have enough BBQ we **MUST** receive this form by September 5, 2017.

For Office Use Only

Date Received _____ Check # _____ Check Date _____ Amount \$ _____