

Centenary CARES
Dinner Volunteer Group Information Form

Group Name	Today's Date
Contact Person	
Cell # (or most appropriate) ()	E-mail
Address	City, State, Zip
2 nd contact person	
Cell # (or most appropriate) ()	E-mail
What dinner(s) is your group committing to?	
Monday 1 st 2 nd 3 rd 4 th 5 th beginning on what date?	
Tuesday 1 st 2 nd 3 rd 4 th 5 th beginning on what date?	
Wednesday 1 st 2 nd 3 rd 4 th 5 th beginning on what date?	
Thursday 1 st 2 nd 3 rd 4 th 5 th beginning on what date?	
Sunday 1 st 2 nd 3 rd 4 th 5 th beginning on what date?	
Is this a monthly commitment? Yes/No Or a one time offering?	How many months?
Can your group arrive by 4:30pm?	
Can your group supply \$250 for groceries?	
Can your group supply 200 plates?	
Can your group supply 200 plastic forks and spoons?	
Can your group supply 200 napkins?	
Can your group supply 200 drinks? Or Styrofoam cups for water?	
<p><i>Please return completed form to:</i> Centenary CARES Attn: Jo Wright 1610 Olive St. Louis, MO 63103 Or j.wright@centenarystl.org Or fax 314-421-4625</p> <p><i>If you have any questions, please call Jo at 314-421-3136 ext. 105</i></p> <p style="text-align: right;"><i>Thank You for taking the time to fill out this form.</i></p>	