NAME THEME LUNCHEON APPLICATION

FOR OFFICE USE ONLY

Payment Rec'd_____

I am applying for (year)_____ **National Convention**. Location_____

I am applying for (year)_____ **Regional Houseparty**. Location_____

Name_____ Telephone_____

Street_____

City/State/Zip+4_____ Email_____

Title of Luncheon:_____

Cost of Souvenir per student $_____

Number of Guests: Minimum_____ Maximum_____

Do you need audio/visual equipment? Yes_____ No_____

Equipment Needed:_____

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The rental cost of the above equipment is the responsibility of the Host/Hostess

DESCRIPTION OF Luncheon, as I would like it printed (100 words or less, use back if necessary)

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Signature_____ Date_____

Please send this application form and a **$5.00** non-refundable processing fee payable to NAME to:

NAME, Theme Luncheon Instructor Application, PO Box 69, Carmel, IN 46082-0069

Postmark deadlines are in the Gazette and on the NAME Web Site (www.miniatures.org).

Application Revised October 1, 2003