



EVENT REGISTRATION FORM

Use this form only if you are paying by check.
To pay by credit card, register online at www.ramseybar.org.

EVENT DETAILS

Section or Committee: _____

Event Title: _____

Event Date: _____

PRIMARY CONTACT

Contact Name: _____

Email: _____

Firm Name: _____

Phone: _____

ATTENDEES

Name: _____

Email: _____

Fee: _____

ATTENDING in person remote

DIETARY RESTRICTION none vegan vegetarian gluten free

Name: _____

Email: _____

Fee: _____

ATTENDING in person remote

DIETARY RESTRICTION none vegan vegetarian gluten free

Name: _____

Email: _____

Fee: _____

ATTENDING in person remote

DIETARY RESTRICTION none vegan vegetarian gluten free

Name: _____

Email: _____

Fee: _____

ATTENDING in person remote

DIETARY RESTRICTION none vegan vegetarian gluten free

Name: _____

Email: _____

Fee: _____

ATTENDING in person remote

DIETARY RESTRICTION none vegan vegetarian gluten free

PAYMENT

Total Due: _____

Check enclosed (made payable to RCBA)

Mail form and payment to: RCBA, 332 Minnesota Street, Suite 2550, St. Paul, MN 55101