

CITY OF ENCINITAS – RESERVATION FORM
Mayor's Interfaith Community Prayer Breakfast
Thursday, May 1, 2014 at 7:30 a.m.

PLEASE RSVP BY APRIL 24TH

Number of Guests Attending: _____ Please List Names of Attendees (Name, Title and Affiliation):

Event reservations must be made by April 24, 2014. Donation of \$20.00 received in advance or at the door.

For advanced payment, please complete this form and return with payment to Brandi Lewis. Make checks payable to: City of Encinitas
Fax: 760-633-2627 Email: blewis@EncinitasCA.gov or U.S. Mail: Mayor's Office City of Encinitas 505 S. Vulcan Avenue, Encinitas, CA 92024

Pay by Check (Enclosed)

Qty: ____ x \$20.00/ea. Total Amount: \$ _____

Pay by Credit Card (Provide Information Below)

Qty: ____ x \$20.00/ea. Total Amount: \$ _____

Visa/MasterCard/Discover #: _____

Exp. Date: ___ / ___

Cardholder's Name: _____

V-Code (last 3 digits on back): _____

Cardholder's Signature: _____

Mailing Address: _____

City/State/Zip: _____

Phone Number: _____

E-mail address: _____

Please send my receipt via: E-mail US Mail Fax: _____ Other: _____

Deposit Code: COPRAY