



Group Valentine's Dinner Dance Registration Form

This form is for agencies registering multiple residents for The Dance. If sending three or more residents, a staff must be registered and attend with the residents. Staff names and birthdates should not be used; please write Staff #1, Staff #2, etc. Feel free to make copies of this form if your agency will be sending more than eight people.

Residency is required for where the participant lives – NOT the agency main office.

Agencies and groups will have tables reserved. Tables seat eight people. If an agency has less than eight people, it will be paired with another agency.

Agency Name: _____ Primary Contact: _____
Phone: _____ Email: _____
Address: _____ City: _____ Zip: _____

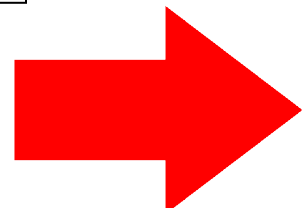
Where would you like statements sent?

Email address above Postal address above:

1) Name: _____ Date of Birth: _____ \$26.75
Residency: Roanoke County Roanoke City Salem Other: _____
Wheelchair user: Yes No
Sugar free dessert: Yes No
Specialize meal required due to medical condition: Yes No
Please explain _____

2) Name: _____ Date of Birth: _____ \$26.75
Residency: Roanoke County Roanoke City Salem Other: _____
Wheelchair user: Yes No
Sugar free dessert: Yes No
Specialize meal required due to medical condition: Yes No
Please explain _____

3) Name: _____ Date of Birth: _____ \$26.75
Residency: Roanoke County Roanoke City Salem Other: _____
Wheelchair user: Yes No
Sugar free dessert: Yes No
Specialize meal required due to medical condition: Yes No
Please explain _____



4) Name: _____ Date of Birth: _____ \$26.75
Residency: Roanoke County Roanoke City Salem Other: _____
Wheelchair user: Yes No
Sugar free dessert: Yes No
Specialize meal required due to medical condition: Yes No
Please explain _____

5) Name: _____ Date of Birth: _____ \$26.75
Residency: Roanoke County Roanoke City Salem Other: _____
Wheelchair user: Yes No
Sugar free dessert: Yes No
Specialize meal required due to medical condition: Yes No
Please explain _____

6) Name: _____ Date of Birth: _____ \$26.75
Residency: Roanoke County Roanoke City Salem Other: _____
Wheelchair user: Yes No
Sugar free dessert: Yes No
Specialize meal required due to medical condition: Yes No
Please explain _____

7) Name: _____ Date of Birth: _____ \$26.75
Residency: Roanoke County Roanoke City Salem Other: _____
Wheelchair user: Yes No
Sugar free dessert: Yes No
Specialize meal required due to medical condition: Yes No
Please explain _____

8) Name: _____ Date of Birth: _____ \$26.75
Residency: Roanoke County Roanoke City Salem Other: _____
Wheelchair user: Yes No
Sugar free dessert: Yes No
Specialize meal required due to medical condition: Yes No
Please explain _____

Total amount due: _____

Payment must be made in full by January 25.

Thank you for your interest in the Valentine's Dinner Dance!

TRS – 3738 Brambleton Ave, Roanoke VA 24018

Fax: 540-776-7128

KDecker@RoanokeCountyVA.gov