

BREAKFAST WITH SANTA

DATE: Saturday, December 6th

TIME: 9 AM - 11 AM

PLACE: SR Area Elementary

FEE: \$10/Person*



Child's Name: _____ Grade: _____

Child's Name: _____ Grade: _____

Parent's Name: _____

Phone: _____ Email: _____

Address: _____

Number of People Eating: _____

Payment Method: CC: _____ Check: _____ Cash: _____

Total: _____

*However many people eating x \$10. If you are not eating but coming to the event, you do not have to pay the registration fee.