

## Lincoln Day Dinner Table Captain Form

Captain's Name \_\_\_\_\_

Organization's Name or District # \_\_\_\_\_

Fill out a box for each person at the table. The information is **required for PDC reporting**

Name _____ Address _____ City/State/Zip _____ Employer/Occupation _____ City/State/Zip _____ Meal choice: Chicken ____ Vegetarian ____	Name _____ Address _____ City/State/Zip _____ Employer/Occupation _____ City/State/Zip _____ Meal choice: Chicken ____ Vegetarian ____
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