

"Meet Your Neighbors Picnic"

Cost is \$7.50 each for up to 2 paid-up members of the RLPOA and \$10.00 for each non-member, guest or child.

Name: _____
(Please print)

Phone: _____

E-mail Address: _____

RLPOA Member:	\$ 7.50
RLPOA Non-Member	\$10.00

Name: _____

RLPOA Member:	\$ 7.50
RLPOA Non-Member	\$10.00

Guest: _____ **\$10.00**

Guest: _____ **\$10.00**

Guest: _____ **\$10.00**

Guest: _____ **\$10.00**

Enclosed is a check in the amount of \$ _____
made payable to RLPOA, PO Box 1070, Hayward, WI
54843.

Number of children attending: _____

Please indicate the number of children who would like
chicken fingers for lunch: _____

No refunds are available. Event will be held inside in
case of rain.