

Super Senior Nomination Form

Deadline for Return: April 20, 2019

Please Print Legibly

Our Honored Senior is: _____

Please select one: Dr. Miss Mrs. Ms. Mr. *First Name* *Last Name*

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: _____ Cell: _____

Email: _____

Retired: Yes No Occupation/Former Occupation: _____

Name of Organization: _____
(As it should appear on the certificate and luncheon program)

Street Address: _____

City: _____ State: _____ Zip Code: _____ Telephone: _____

Name of Contact: _____ Title: _____

Email: _____

Luncheon Reservation for Thursday, May 23 at 11:30 a.m.

Cost: \$30.00 per person

Your organization is invited to have a total of three (3) people attend this luncheon event. In addition to your Super Senior and a representative from your organization, your honoree may bring one guest. Please list the name of the additional guest below.

Guest of Super Senior: _____

Organization Representative (if different than contact person listed above): _____

Total Enclosed: \$ _____ Number of People: _____

Make luncheon check payable to: North Shore Senior Center (Please include this completed form with your check.)

Is wheelchair space need? Yes No Is walker space needed? Yes No

Please complete the questions on the reverse side of this form. You may either print on the form, or type it on a separate piece of paper.

Mail completed form and payment to:

North Shore Senior Center, 161 Northfield Road, Northfield, IL 60093, Attn: Vivian Mitchel

If you have any questions, please contact Vivian Mitchel at 847.784.6092 or vmitchel@nssc.org

Continue on reverse side 

