



SUPER SENIOR DAY

Please return form by March 1, 2024

Please print

Our Honored Senior is: _____
First Name Last Name

Please select one: ☐ Dr. ☐ Miss ☐ Mrs. ☐ Ms. ☐ Mr.

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: _____ Mobile: _____

Email: _____

Retired: ☐ Yes ☐ No Occupation/Former Occupation: _____

Name of Organization: _____
(As it should appear in the program and on the Super Senior's certificate)

Street Address: _____

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

Name of Contact: _____ Title: _____

Email: _____

Lunch Reservation for Wednesday, March 20 at 11:30 a.m. — Cost: \$35 per person

Your organization may 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): _____

Please specify any special dietary requirements: _____

Total Enclosed: \$ _____ Number of People: _____

Please make check payable to: North Shore Senior Center. To pay by credit card, please contact Debra Mell at 847.784.6037.

Please complete the nomination form and mail it to North Shore Senior Center, 161 Northfield Road, Northfield, IL 60093, Attn: Debra Mell or sent via email to dmell@nssc.org by March 1, 2024. Find an enabled form online at <https://nssc.org/super-senior-day>

Super Senior Nomination Form, *continued*

Please describe your Super Senior, and how they have contributed to your organization.

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