

Pembroke and Area's Biggest Coffee Morning

Registration Form

Name: _____

Pembroke Regional
Hospital Foundation

E-mail: _____

Number: _____



Address where your party will be held:

Where will your party be held?

- At home
- At work: company/business name: _____
- At a community space: name of location: _____

Party date: _____ Approx. time: _____

If it is a public party, can we publicize and promote it as an open location for the general public to attend?

- Yes
- No

Additional comments:

- Yes, I would like to receive a free Coffee Morning Hostessing Kit.

Please contact the Pembroke Regional Hospital Foundation at
705 Mackay Street, Pembroke, ON K8A 1G8
foundation@prh.email 613-732-2811 x 7408