

CCNC Gourmet Group Application

To join the 2009-2010 Gourmet Group please return this form to:

CCNC Membership, PO BOX 162, Concord, MA 01742, with a **check for \$10 per couple payable to CCNC**, to cover cost of menu planning.

If you have any questions, please contact **Kim Cronin at (978) 254 5501**, or via email to kcronin@nevog.com. Substitutes do not pay dues unless they wish to receive the menus. All menus and information will be distributed to members by e-mail.

1. Name(s) _____

Phone _____

Home address _____

E-Mail address _____

2. *Please mark if you are:*

Continuing Member(s)

New to the Gourmet Group

Wish to be on the Substitute list (proceed to question 5)

3. *If you wish to be paired with a specific group, please check one of the boxes below:*

I/We wish to remain with our previous group (*list names of all participants*).

Group us with (*List with whom you'd like to be grouped. If your group is incomplete we will complete your group with other Gourmet Club members*).

We would like to be in a new group this year.

4. *When possible, would you like to be grouped according to?*

Ages of your children: (*Specify children's age(s)*): _____

Your own age group: (*Specify age group*): _____

Other: (*Please specify*): _____

5. *Would you like to be on the Gourmet Committee and/or test recipes for future menus?*

Yes No

6. Any general suggestions or comments?
