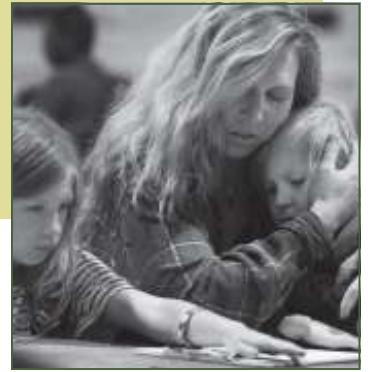


Tillamook County Homeless Summit

Registration Form



Name _____

Address _____

Phone Number _____

Email _____

Are you vegetarian? (circle one) Yes No

Do you have any food allergies (circle one) Yes No

If yes, what are your food allergies? _____

Thank you for your interest in our Homeless Summit. Please fill out the registration material and return it by July 16 to:

Attn: Leta Frampton
CARE
2310 First St, Suite 2
Tillamook, OR 97141

If you have any questions or concerns, please contact Leta Frampton at (503) 842-5261 ext 217 or by email at lframpton@careinc.org.

