



Home for Dinner

Providing families at Ronald McDonald House Charities Manitoba with a delicious meal to warm their hearts and their appetites!

Group Contact Information

Date of Dinner: _____

Organization name (if applicable):

Main contact:

Daytime phone:

Email:

Address, City, Postal Code:

Name:

Daytime phone:

Email:

Address, City, Postal Code:

Name:

Daytime phone:

Email:

Address, City, Postal Code:

Name:

Daytime phone:

Email:

Address, City, Postal Code:

Name:

Daytime phone:

Email:

Address, City, Postal Code:

Name:

Daytime phone:

Email:

Address, City, Postal Code:

Meal Preparation

Dinner should be ready by 5 pm.

Our proposed menu consists of:

Declaration of Healthiness

I/we understand that since many children at Ronald McDonald House Charities Manitoba are immune compromised, any member of our group cannot visit the Family Room if exposed to chicken pox, measles, tuberculosis or shingles within three weeks prior to our visit, or if anyone has a cough, sore throat, fever, runny nose, diarrhea or vomiting.

Signature: _____

Date: _____

Please return completed form to:

Pat Battellino, House Manager

Fax: 204.774.2160

Email: pat@rmhmanitoba.org

Phone: 204.774.4777