

Event Reservation Form



Please use this form when making reservations and payments for Healthy Living trips and special events.

Please use one form per person.

Date & Name of Event _____

Name _____ Circle One: Guest or Member

Address _____

City _____ Zip _____ Phone _____

Emergency Contact _____ Phone _____

Amount Enclosed \$ _____ (if paying with credit card, please complete Credit Card Payment form)

Please make checks payable to Graham Hospital

Mail to: **Graham Hospital Marketing Dept., 210 W. Walnut St., Canton, IL 61520**

Prior to mailing payment, please call: 647-5240 ext. 2203 or ext. 2477 to verify your reservation.

● **Credit Card Payment Form** ●

Do not send information via email!

This form is designed to be printed and filled out by the participant and returned to Graham Hospital Marketing Department in person or via mail. Graham Hospital will not accept credit card information as an email attachment.

Mail to: **Graham Hospital Marketing Dept., 210 W. Walnut St., Canton, IL 61520**

Please use this form when making credit card payments for Healthy Living trips and special events.

Please complete the information as it appears on your credit card billing statement.

Name _____

Address _____

City _____ State _____ Zip _____ Phone _____

Card Typ: (circle one) Visa Master Card

Credit Card Number: _____ Exp. Date _____

Security Code: (3 digit number located on back of your card in the signature box). _____