

The Order of the Good Time
REGISTRATION FORM

Husband's Name: _____ *Wife's Name:* _____

His Birthday: _____ *Her Birthday:* _____

Anniversary Date: _____

Address: _____

City: _____ *State:* _____ *Zip:* _____

Phone Number: _____ *E-Mail:* _____

His Cell Phone: _____ *Her Cell Phone:* _____

For your dining convenience, you may choose to include your credit card information.

Credit Card Type: _____

Credit Card Number: _____ *Exp. Date:* _____

Favorite Flowers: _____

Favorite Music: _____

Favorite Foods: _____

Favorite Wine: _____

Special Dietary Requirements: _____

Please return this form to insure your membership at no yearly fee ASAP. For further information please call Katherine Lapeyrolerie at (225) 751-1882 or fax us at (225) 751-0767.