

Home for Dinner

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

Group Contact Information

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:
Proposed Menu: Declaration of Good Hea	alth
are immunocompromised, any member exposed to chicken pox, measles, tubercu	n at Ronald McDonald House Charities (RMHC) Ottawa of our group cannot visit RMHC Ottawa programs if losis, or shingles within three weeks prior to our visit, or if nroat, fever, runny nose, diarrhea, or vomiting.
Signature:	Date:
Please return completed form to: Carol Harper, Director of Operations and House Manager Email: Carol@rmhottawa.com Phone: 613-737-5523	For Office Use Only:
	Arrival Time:
	Departure Time: