



Registration Form

Send completed form to Food Programs: foodprograms@rmh.sk.ca or fax 306-244-3099

Thank you for your interest in our Home for Dinner Program!

Group Name on the Family Invitations: _____

of people in group: Date of Meal: _____

Leader Name: _____

Phone Number: _____

Email Address: _____

Mailing Address: _____

Does your group have social media accounts? We would love to be connected! When you share your story about your visit **please tag us!**

Facebook & Instagram: @rmhcsk

How did you hear about our Home for Dinner Program? Tell us your story, what has brought you to the House?
