



Phone 214.526.0007

Email: info@thedallasknifeandforkclub.com

MyDKFClub.com

includes reservations & payment

# The DALLAS KNIFE & FORK CLUB INC.

25 HIGHLAND PARK VILLAGE · SUITE 100 · 555 · DALLAS, TEXAS 75205-2785

Name \_\_\_\_\_

Address \_\_\_\_\_

City and Zip \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

## TASTE OF THE FOLLIES Wednesday, February 12, 2025 Northwood Country Club

Social Hour - 6:15 p.m. Dinner - 7:00 p.m.

Seating priority based on date your reservation is received

### Reservations:

Member Dinners \_\_\_\_\_ at \$120.00 each ..... \$ \_\_\_\_\_

Guest Dinners \_\_\_\_\_ at \$120.00 each ..... \$ \_\_\_\_\_

Enclosed Check for Total Amount of ..... \$ \_\_\_\_\_

\_\_\_\_\_ Please seat me (us) at a "no host" table.

\_\_\_\_\_ Checks are enclosed for the following table reservation.  
Please list your own name. 8 guests per table.

### Optional Dinners

Beef Fish Veg.

- |          |                          |                          |                          |
|----------|--------------------------|--------------------------|--------------------------|
| 1. _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Please return this form completed and your check(s) made payable to:  
The Dallas Knife and Fork Club, Inc.

My Special Dietary Requests \_\_\_\_\_