



# The DALLAS KNIFE & FORK CLUB, INC.

11700 PRESTON ROAD, SUITE 660-514, DALLAS, TEXAS 75230

Email: info@MyDKFClub.com  
MyDKFClub.com  
includes reservations & payment  
Call: (972) 814 - 8092

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City and Zip \_\_\_\_\_  
Phone \_\_\_\_\_  
Email \_\_\_\_\_

John Michael Hinton - Magician  
April 22, 2026  
The Park City 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 \$125.00 each ..... \$ \_\_\_\_\_  
Guest Dinners \_\_\_\_\_ at \$125.00 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 or 10 guests per table optional.

	<u>Optional Dinners</u>		
	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"/>
9. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. _____	<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 \_\_\_\_\_