

District Conference 2007  
Winery Tour Application

Full Legal Names of all Passenger(s):

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Contact Info: Club: \_\_\_\_\_ Email: \_\_\_\_\_

Mailing address: \_\_\_\_\_

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Daytime Phone: \_\_\_\_\_ Alternate #: \_\_\_\_\_

Circle desired departure location:

Northgate Transit Center  
10200 1<sup>st</sup> Ave NE

Issaquah Park and Ride

**Make Checks Payable to: Rotary District 5030**

OR

Credit Card Information: \_\_\_\_\_ Visa \_\_\_\_\_ Mastercard

Number \_\_\_\_\_ Expires: \_\_\_\_\_

Signature: \_\_\_\_\_

Mail or fax to Ellie Mazzarella

[ellie@rotary5030.org](mailto:ellie@rotary5030.org)

Rotary District 5030  
7834 SE 32<sup>nd</sup> Ste 201  
Mercer Island WA 98040  
(f) 206-236-0357

\$135.00 per person