



Fourteenth Annual
Taste
of Wethersfield

Name: _____

Address: _____

City/State/Zip: _____

Phone: _____ e-mail: _____

Number of Tickets: _____ Amount Enclosed: (General Admission \$30 per person, Patron \$55 per person) _____

OFFICE USE: DATE REC'D: _____ CHECK #: _____ AMOUNT: _____

Please make checks payable to *Wethersfield Historical Society* and mail to: 150 Main Street, Wethersfield, CT 06109.