



Shelby County Republican Party 2025 Lincoln Dinner Table / Seat Purchase & Donation Form



Saturday, March 8, 2025

Claudia Sanders Dinner House, Shelbyville, KY
Registration / Reception: 4:30 P.M. • Dinner & Program: 5:30 P.M.

Advance purchases received or postmarked by Feb. 27 Table (seats eight): \$510 *
..... Individual seat: \$70
Purchases received or postmarked **after** Feb. 27 Table (seats eight): \$580 ^
..... Individual seat: \$80

Return completed form and payment to: SCRP, PO Box 665, Shelbyville, KY 40066
Make checks payable to: Shelby Co. Republican Party

For additional questions please contact Lincoln Dinner Chairman Joe Koroluk at joekoroluk@gmail.com, 502-802-4220.

Purchaser / Donor Information (*required for election finance reports*):

Full Name: _____

Mailing Address: _____

Occupation: _____ Employer: _____

Email Address: _____ Phone: _____

Attendees will register at event under host's/purchaser's name. To help ensure an efficient registration process, provide the name of each attendee on page 2 of this form.

Advance purchases received or postmarked on or before Feb. 27, 2025:

- ☐ Payment is enclosed for the following number of tables _____ @ \$510* each _____ (*\$50 discount)
☐ Payment is enclosed for the following number of individual seats _____ @ \$70 each _____

Purchases received or postmarked after Feb. 27, 2025:

- ☐ Payment is enclosed for the following number of tables _____ @ \$580^ each _____ (^\$60 discount)
☐ Payment is enclosed for the following number of individual seats _____ @ \$80 each _____

Monetary Donations:

- ☐ I want to support the SCRP with the enclosed donation for the following amount \$ _____

See page 2 (reverse side) for additional information required for purchases.

Table Purchases:

List the first and last name of each of the attendees at your table(s). All attendees will register under the Table Host's name at the event.

Please Print Clearly:

1. **Table Host (Seat 1):** _____
Seat 2: _____
Seat 3: _____
Seat 4: _____
Seat 5: _____
Seat 6: _____
Seat 7: _____
Seat 8: _____

2. **Table Host (Seat 1):** _____
Seat 2: _____
Seat 3: _____
Seat 4: _____
Seat 5: _____
Seat 6: _____
Seat 7: _____
Seat 8: _____

3. **Table Host (Seat 1):** _____
Seat 2: _____
Seat 3: _____
Seat 4: _____
Seat 5: _____
Seat 6: _____
Seat 7: _____
Seat 8: _____

Individual Seat Purchases:

Please list the full name of each of the attendees for whom you are purchasing a seat. All attendees will register under the Host's name at the event registration desk.

Please Print Clearly:

- Seat 1 (Host/Seat Purchaser): _____
Seat 2: _____
Seat 3: _____
Seat 4: _____
Seat 5: _____
Seat 6: _____
Seat 7: _____