

Enrollment Form

Start earning points on your next visit!
Fill out the enrollment form below and return it to the
front desk of any of our participating Charcoal
Group Restaurants.

Name (First)

(Last)

Birthdate (MM/DD/YY)

Home Address

Apt/Suite #

City and Province

Postal Code

Daytime Phone (please include area code)

Alternate Phone (please include area code)

E-mail Address



Check here to receive e-mail updates on
promotions and special events, and our
'Diner's Dish' quarterly newsletter.

My \$20 enrollment fee will be paid in full by:

MasterCard

VISA

AMEX

Debit



I have read and understand the terms and conditions

Signature

for office use only

Enrolled By: _____

Bite Club #: _____