AOWCGWA Luncheon Mail In Payment Form

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Month of Luncheon: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Menu Choice (See Flyer): Regular \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Vegetarian \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Alternate \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

~ If Bringing a Guest ~

Guest Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Menu Choice: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

~ Payment ~

Payment: # of reservations \_\_\_\_\_\_\_\_ X $25 Total \_\_\_\_\_\_\_\_\_\_\_\_\_

Pay by check only – Check #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mail Check\* and Reservation form to:

AOWCGWA Reservations

Elsa Francis

7503 Ballyshannon Court

Springfield, VA 222153-2035

\* Check must be mailed with form to guarantee reservation.