

RSVP Forever Green 2017. Ticket Purchase and Meal Choice. Please Reply by October 20.

Meal Choice

Dietary Restrictions

Attendees: _____ Chicken Salmon Vegetarian Gluten Lactose Other: _____

_____ Chicken Salmon Vegetarian Gluten Lactose Other: _____

I (we) wish to be seated with: _____

Cheque enclosed: \$ _____ for _____ tickets.

Visa/MC: _____ Expiry Date _____

In lieu of attendance, please accept my donation of \$ _____.

