AOSCGWA Luncheon Mail In Payment Form

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

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

September Welcome Coffee

~ If Bringing a Guest ~

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

~ Payment ~

Payment: # of reservations \_\_\_\_\_\_\_\_ X $10 Total \_\_\_\_\_\_\_\_\_\_\_\_\_

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

Mail Check\* and Reservation form to:

AOSCGWA Reservations

Elsa Francis

7503 Ballyshannon Court

Springfield, VA 22153-2035

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