

Reservation Card

Please include title, full name, current or highest office held and the hereditary organization

1) _____
Full Name

Current or Highest Office-year Hereditary Organization
Please Circle Meal Choice GS CC MM VG

2) _____
Full Name

Current or Highest Office-year Hereditary Organization
Please Circle Meal Choice GS CC MM VG

3) _____
Full Name

Current or Highest Office-year Hereditary Organization
Please Circle Meal Choice GS CC MM VG

Contact - Phone _____

Contact - E-mail _____

I/We would like to be seated with _____
Priority seating with early confirmed reservations

of Reservations _____ @ \$75 per person = \$ _____

I/We would like to be a patron-tax deductible. (circle one)
\$250 \$150 \$100 \$50 \$25 Other _____

Name to appear for Sponsorship Recognition:

Total Amount Enclosed _____

Return this form with payment payable to MDSSAR by November 27th to
Donald Arthur Deering
2306 Roe Lane
Frederick, MD 21701-5348

Hotel Reservations due by November 15th.

Meal choices
GS – Grilled Sirloin CC - Chicken Caprese
MM - Citrus-butter Mahi-Mahi VG - Vegetable Stack

Please feel free to copy this form for additional attendees