Name: _____

Address: _____

City/State/Zip: _____

Phone: (_____) _____ - _____

E-Mail: _____

☐ Dinner ____ @ $ 50.00 = $ _____

☐ Patron* ____ @ $ 75.00 = $ _____

☐ V.I.P. Table for 10** ____ @ $1000.00 = $ _____

TOTAL AMOUNT $ _____

Includes Name in Program
****Dance Floor Table and 1 Host Name in Program***

Please respond by **Friday, February 11, 2011.**
Reservations Will Be Held At The Door

Make check payable to **SLSSC**, and mail to:

Harrison Billy / 6312 Lindenwood Ct #4 / St. Louis, MO 63109
or call 314. 481. 3184
for reservations or special dietary requirements.

MasterCard, Visa, or Discover Card *(please circle one)*

Account # _____ Exp. Date: ___ /___

Please list names in your party on the right side of this card.

TABLE NAME:

_____

LIST MAXIMUM 10

_____

_____

_____

_____

_____

_____

_____

_____

_____