

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

Address: \_\_\_\_\_

City/State: \_\_\_\_\_ Zip: \_\_\_\_\_

Ph Ho: \_\_\_\_\_ Cell: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Dinner \_\_\_\_\_ @ \$ 50.00 \$ \_\_\_\_\_

Patron\* \_\_\_\_\_ @ \$ 75.00 \$ \_\_\_\_\_

Sponsor\*\* \_\_\_\_\_ @ \$ 250.00 \$ \_\_\_\_\_

**TOTAL AMOUNT \$ \_\_\_\_\_**

**\*Includes Name In Program & 1 Dinner**

**\*\*Includes Name In Program & 2 Dinners**

Please Respond By **Friday, February 3, 2012.**

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 reverse side of this card