

# Hand - N - Hand Casino Night

Please print names of guests and entrée choices on reverse side.

**The favor of a REPLY is requested by March 1, 2012**

**\$85 per person, tables seat 10**

Name(s): \_\_\_\_\_

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

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

E-mail: \_\_\_\_\_

\_\_\_\_\_ Yes, I/We will attend. \_\_\_\_\_ \$85 Ticket (s) \_\_\_\_\_ \$1000 Table (10 people per table)

\_\_\_\_\_ I/We are unable to attend. Enclosed is a tax deductible contribution of \$ \_\_\_\_\_

\_\_\_\_\_ Enclosed is my check (payable to Hand-N-Hand)

\_\_\_\_\_ Interpreting Services Needed

Send payment and RSVP to Jenny Geiken 2950 Yonder Ct. Green Bay, WI 54313.

For more information contact us at 920-737-0477 or [jlgeiken@hnhnew.org](mailto:jlgeiken@hnhnew.org) or [www.hnhnew.org](http://www.hnhnew.org)

playgroup for children who are deaf or hard of hearing  
ages birth to five

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Seating will be reserved. Please list the names of those registering and their entrée choices.

If you would like to sit with other registered guests, please write their names in the spaces provided below.

**Entrée Choice** (please indicate one for each person)

**A.** Whiskey Marinated Strip Steak

**B.** Guinness Smoked Salmon

**C.** Bruschetta Chicken

**Name**

**Entrée**

1.	_____	_____
2.	_____	_____
3.	_____	_____
4.	_____	_____
5.	_____	_____
6.	_____	_____
7.	_____	_____
8.	_____	_____
9.	_____	_____
10.	_____	_____

To request seating with other registered guests, write their names here.

\_\_\_\_\_

\_\_\_\_\_