

Hand - N - Hand Silent Night & All That Jazz

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. Mediterranean Chicken

C. Teriyaki Salmon

B. Roast Tenderloin of Beef

D. Roasted Garden Vegetable Napoleon

Dietary Restrictions: _____

<i>Name</i>	<i>Entrée</i>
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____
6. _____	_____
7. _____	_____
8. _____	_____
9. _____	_____
10. _____	_____

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

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

The favor of a REPLY is requested by October 28, 2019.

\$85 per person, tables seat 10.

Name(s): _____

Address: _____

Phone: _____

E-Mail: _____

_____ Yes, I/We will attend. _____ \$85 Ticket(s) _____ \$1,000 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, 5403 Oak Orchard Road, Abrams, WI 54101

For more information contact us at 920.737.0477 or jlgeiken@hnhnew.org or www.hnhnew.org