

BANQUET RESERVATION FORM:

Name: _____

Phone number: _____

Email address: _____

I would like to request _____ full dinner reservations at \$20 per reservation

I would like to request _____ dessert and beverage only reservations at \$9 per reservation.

I would like to be seated with: _____

Total enclosed _____

Please send this form and your check for full amount made out to CSTHEA (no cash please)

Check number _____

CSTHEA Banquet
c/o Joanna Skiles
992 Poplar Springs Road
Ringgold, GA 30736

Deadline: reservations must be received by: May 14.