



Please Complete & Return by Wednesday, Feb 7, 2018

Name of Reservation

February 11th, 2017
Immediately
following the Divine
Liturgy

Number of Reservations*

_____ Adults @ \$25 _____ Children (ages 2-12) @ \$15
_____ High Chairs Requested/Not Guaranteed (for babies under 2)
_____ Total spots requested (including high chairs)

****Non-Refundable PAYMENT MUST BE MADE IN ADVANCE & included with this completed form.***

Seating Preferences

**If you would like to be seated with a group at the same table, please indicate name (large tables are very limited, first come, first served).*

**If you would like to be seated near a group, please indicate name:*

Contact & Payment Information

Home Phone:

Cell Phone:

Email:

Home Address:

Credit Card Payment - Please circle type of card: American Express, Discover, Mastercard, Visa
(3% fee is applied to all credit card transactions)

Name as it appears on CC:

Credit Card #:

Expiration Date: _____ 3 or 4 Digit Code on Back of Card: _____

Billing Address: (if different than above) _____

Personal Check Payment: (Payable to St. Nectarios Greek Orthodox Church)

Check Amount: \$ _____ Check #: _____

Yes! I have an item(s) to donate to the raffle.

Questions? Contact Eleni Lageschulte leni.lag@gmail.com