

Ski Club Dinner Reservation Form, Thursday, _____, 20____
(Please fill in appropriate date as per your newsletter)

Member name _____ @ \$24

Member name _____ @ \$24

Guest name _____ @ \$25

Guest name _____ @ \$25

TOTAL \$ _____

Include with your check



Keep lower portion for your records

Make check payable to: VSSC

Mail to: **VSSC c/o Linda Norton**
21014 N. 124th Ave
Sun City West, AZ 85375

Check # _____
Date _____
Amount paid \$ _____

Envelopes must be postmarked by the Friday prior to the meeting. Checks received after the Sunday deadline: an additional \$2 will be charged for dinner.

The deadline for cancellation is 9 PM the Sunday prior to the meeting.

Cancellations received **prior** to deadline: check will be **shredded** and **not** returned.

Cancellations received **after** the deadline: check will be deposited.

Contact Dinner Recorder Linda Norton @ 503 750-6973 for information or send an email to: thekidd5@msn.com.