

Reservation and Seating Information Request
50th Anniversary Dinner - October 24
The Bethwood
(Choose Section 1, 2 or 3)

1. Please SEAT ME (us) as you wish

Your Name		Name	
1. _____	<input type="checkbox"/>	2. _____	<input type="checkbox"/>

2. I (we) would like to SIT WITH:

Names	Paying for	Names	Paying for
1. _____	<input type="checkbox"/>	2. _____	<input type="checkbox"/>
3. _____	<input type="checkbox"/>	4. _____	<input type="checkbox"/>
5. _____	<input type="checkbox"/>	6. _____	<input type="checkbox"/>

3. Please reserve TABLE with the following people (min. = 8, max. =10 people)

Names	Paying for	Names	Paying for
1. _____	<input type="checkbox"/>	2. _____	<input type="checkbox"/>
3. _____	<input type="checkbox"/>	4. _____	<input type="checkbox"/>
5. _____	<input type="checkbox"/>	6. _____	<input type="checkbox"/>
7. _____	<input type="checkbox"/>	8. _____	<input type="checkbox"/>
9. _____	<input type="checkbox"/>	10. _____	<input type="checkbox"/>

Name

Street Address

Telephone Number

Total Amount Paid \$ _____

Final Payment Due October 17

Return this form:

1. After any Mass or
2. to Rectory or
3. to School

Questions? Contact:

Paul Oesterle
 50 Sloping Hill Terrace, Wayne
 973-696-3524 (h) 973-985-4003 (c)
 e-mail = Poesterle@optonline.net

Ticket Numbers: