



Dinner Reservations Form

Member's Name: _____

Guest Name: _____

\$65 per person x _____ **= \$**_____

I/We will sit at an unreserved table_____

I/We will be sitting at the table reserved by: _____

Note: we are limited to 6 tables of 10. The rest will be tables of 8. If you would like to reserve a full table, please complete the information below.

Please list the people who you would like to sit with:

1. _____	6. _____
2. _____	7. _____
3. _____	8. _____
4. _____	9. _____
5. _____	10. _____

Please mail Dinner Reservations Form & Payment by October 19th

Payable to:

Modenese Society

P.O. Box 245

Highwood, IL 60040