## Please print and return the following form if you wish to pay by check:

Choice:

Meal

Meal

Meal

Choice:

Choice:

Choice:

Organization

Organization

Organization

Title:

Title:

Title:

Guest #6 Name:

Guest #7 Name:

Guest #8 Name:

George Washington Birth	nday Celebra	Number of Guests  Total	
Date: Saturday, February	14, 2026		
Primary Reservation Name:			
Email Address:			
Chapter/Organization:			
Title:			
Event	Numb	per of Guests	Total
Saturday Meal @ \$30 each		т	ntal .
envelope to: GWBC Treasurer P.O. Box 9017 Kansas City, KS 66112 Event point of contact: Robert I	ofthouse, rlofth	nouse@ksssar.org	ail Reservations Sheet & check in # 10
Saturday Meal Selection: 1) Gril Table reservations for 8 may be Please check for either a	made for \$230	Table reservations close 31	Jan 2026
Guest #1 Name:	Meal Choice:	Organization	Title:
Guest #2 Name:	Meal Choice:	Organization	Title:
Guest #3 Name:	Meal Choice:	Organization	Title:
Guest #4 Name:	Meal Choice:	Organization	Title:
Guest #5 Name:	Meal	Organization	Title