

DINNER RESERVATIONS

Please print the following information. *Submit a separate reservation form for each attendee.*

Name: _____

Address: _____

Primary Telephone: _____ Cell phone: _____

Email: _____

Check off the dinner (s) you wish to attend:

- Fish Dinner, March 13
 Stuffed Peppers, April 25
 Porchetta Dinner, May 16
 Celebration Dinner, October 10
 Christmas Party, December 5

Enter Payment for Dinner (s):

DINNERS							
ICC Member				ICC Non-Member			
	Cost Per Dinner	# of Dinners	Total		Cost Per Dinner	# of Dinners	Total
Adult	\$18			Adult	\$21		

Total amount payable: \$ _____

Make your check payable to: Italian Cultural Center

Mail check with reservation form to:
 Italian Cultural Center
 Attn: Dinners
 56 Margaret Street
 Springfield, MA 01105