

FOR RESERVATIONS, PLEASE DETACH AND RETURN WITH YOUR PAYMENT.

Tickets \$60 each.

Please circle entree choice for each guest. Menu choices: Grilled Chicken Kabob, Grilled Salmon, Pasta Primavera

Your Name: _____ Chicken Salmon Pasta
Address: _____ City: _____ Phone: _____

Email Address: _____

Guest: _____ Chicken Salmon Pasta

Guest: _____ Chicken Salmon Pasta

Guest: _____ Chicken Salmon Pasta

Guest: _____ Chicken Salmon Pasta

Total tickets: _____ @\$60 _____

All reservations must be received by Friday, May 3.

Total enclosed \$ _____

Please make checks payable and mail to Woodstock Fine Arts Association, PO Box 225, Woodstock, IL 60098

For more information please email us at wfaa2010@owc.net or call 815.337.6233

I am unable to attend but would like to make a donation to the Woodstock Fine Arts Association \$ _____