

A Southern Soirée - Spring Dinner 2019

Dinner Ticket Order Request Form

of Tickets ____ x \$65.00 each Total \$ _____ Check # _____

Make checks payable to ***Church of the Holy Spirit*** and mail with completed form to:

Church of the Holy Spirit Spring Dinner
520 S 18th ST
Plattsmouth NE 68048

NOTE: Separate checks only for Raffle & Dinner ticket payments – thanks!

Name: _____

Address: _____

City, State & Zip _____

Phone: _____ **Email** _____

Guest Name:

Purchased by:

Dietary Restrictions if any:

Guest Name:	Purchased by:	Dietary Restrictions if any:

Questions? Email Kara Hadfield at karatilson@hotmail.com