



# GUESS WHO'S COMING to DINNER ?

Meet as neighbors, leave as friends.

## RESERVATION FORM

Please Print

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

## HOST SELECTION

Please indicate below, in order of preference, the numbers of the top four host homes at which you would like to dine. We will try to assign according to your choices but can make no guarantees. Assignments will be made on a first come, first assigned basis with preference given to TERA members.

\_\_\_\_\_ 1st Choice \_\_\_\_\_ 3rd Choice

\_\_\_\_\_ 2nd Choice \_\_\_\_\_ 4th Choice

## TICKETS

Number of tickets - Reception and dinner \_\_\_\_\_ @ \$75\* \_\_\_\_\_

Number of tickets - Reception, dinner and \_\_\_\_\_ @ \$85\*\* \_\_\_\_\_  
1 year TERA membership for new members.

Number of tickets - Reception only \_\_\_\_\_ @ \$40\*\*\* \_\_\_\_\_

I am unable to attend but enclosed is my donation \_\_\_\_\_

Tax deductible portion: \* - \$35, \*\* - \$45, \*\*\* - \$25 **Total** \_\_\_\_\_

**ORDER TICKETS WITH THIS FORM OR ON-LINE AT WWW.TERA90041.ORG**

## PAYMENT

Check Enclosed (Payable to The Eagle Rock Association)

Visa

MasterCard

American Express

Account Number \_\_\_\_\_ Security Code \_\_\_\_\_

Expires \_\_\_\_\_ Name on Card \_\_\_\_\_

Signature **X** \_\_\_\_\_ Date \_\_\_\_\_

## FOR ADDITIONAL INFORMATION

Email: TERADinner@TERA90041.org, or call TERA at (323) 799-1190

Return reservation to: TERA, PO Box 41453, Eagle Rock, CA 90041

OFFICE USE:

Date \_\_\_\_\_ Member \_\_\_\_\_ Ack \_\_\_\_\_ Home # \_\_\_\_\_ Conf \_\_\_\_\_

