

Dziękuję JOIN US TO CELEBRATE THE 2012 COUNCIL FELLOWSHIP DINNER *Multumese*

Thank You Arigato *Xie xie* GO RAIBB MAITH AGAT Komapsumnida

Wednesday, March 28, 2012 Villa Lombardi's, Holbrook

See the council website www.sccbsa.org for direction

COUNCIL FELLOWSHIP DINNER

Gathering & Fellowship Reception at 6:00 PM
(Cash Bar)

Dinner at 7:00 PM

All members of the Scouting community are invited to attend an evening of food and fellowship to celebrate Scouting and the presentation of the Silver Beaver Award.

Please note that we are not seating guests.

If you would like a table of 10 reserved specifically for your group, please list all 10 names and pay for all 10 tickets at the same time, on the same form.

Ticket Price: \$44.00 / Person or \$84.00 / Couple

After March 23, 2011: \$49.00 / Person or \$96.00 / Couple

Reservation cut off is Noon, March 26 – or earlier if capacity is reached.

NO Walk-ins!

Questions: Contact your district representative
listed or the Council service center at 924-7000, ext. 30

COUNCIL CHAIR.....MARY BISHOP..... applepick1@gmail.com

MATINECOCK.....STUART WEINBERG.....sbertberg@gmail.com

BENJAMIN TALLMADGE..... KEN TINSLEY.....631-476-1698

SAGTIKOS.....JANE CUNNEEN.....631-661-3369

TRAILBLAZER.....TERRY HEID.....631-589-7426

Send To COUNCIL FELLOWSHIP DINNER

Suffolk County Council
7 Scouting Boulevard, Medford, NY 11763 – FAX 631-924-7145

*******Please note that we are not seating guests.*******
***If you would like a table of 10 reserved specifically for your group,
please list all 10 names and pay for all 10 tickets at the same time, on the same form.***

Please reserve _____ seats at the 2011 Council Fellowship Dinner.

Name of Attendee (s)*: _____

*(List additional names with unit and district information)

Open seating by district. Full table reservations of ten (10) will be given an assigned table.

Unit: _____ District: _____ Non-Scouter _____

E-Mail of primary contact: _____

My check for \$ _____ is enclosed.

Please charge to my credit card: (complete all information requested).

() Mastercard () Visa () Discover () American Express

Credit Card#: _____ Exp. Date: _____ Code #: _____

Card Holder's Name: _____ Phone: _____

Address: _____

Town: _____ State: _____ Zip: _____

Signature (card holder): _____

Guest List Please Print

ATTENDEE NAME

UNIT AFFILIATION

DISTRICT

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____