

March 21, 2019

Suffolk County Council Annual Scouters Volunteer Recognition, Fellowship Dinner & Centennial Celebration!



You are cordially invited to attend the Council Fellowship Dinner
Thursday, March 21, 2019

Held at



In Smithtown, See the council website www.sccbsa.org for directions.

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

Dinner at 7:00 PM

Early Purchase Ticket Price: \$75.00 / Person or \$140.00 / Couple

Deadline for Early Ticket Reservations is March 1, 2019, after Ticket Price \$ 85 per person \$170 / couple

Reservation Cut off is 5PM March 15th, or earlier if capacity is reached.

No Walk-Ins!

All members of the Scouting community are invited to attend an evening of food and fellowship to celebrate ALL our Scouting Volunteers, the 4th annual Honor Spirit Award and the presentation of the Silver Beaver Awards – the highest award council can bestow upon a volunteer.

For questions: contact

Lucie Safonov at: ra1739@aol.com or Ellen Gherardi at g4fam4@aol.com



Boy Scouts of America | Suffolk County Council
Council Fellowship Dinner Committee

7 Scouting Blvd, Medford NY 11763 | 631.924.7000 | sccbsa.org

Send To

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



Please reserve _____ seats at the 2019 Council Fellowship Dinner.

Name of Attendee (s)*: _____
*(List additional names with unit and district information)

Unit: _____ District: _____ Non-Scouter _____

E-Mail & phone number of primary contact: _____

Fill in any special dietary needs & other concerns : _____

Guest List (Full table reservations of ten (10) will be given an assigned table.)

Please Print

ATTENDEE NAME

UNIT AFFILIATION

DISTRICT

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

***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.***

Online Reservation found at Council Web Page : www.sccbsa.org

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My check for \$ _____ is enclosed. (Payable to *Suffolk County Council, BSA*)

Please charge to my credit card for \$ _____ (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): _____