

Luncheon Reservations Form

For lunch of _____

(enter date of luncheon)

Print Name: _____

Address: _____

City, State, Zip: _____

Enclosed is a check in the amount of: \$ _____

for _____ lunches at \$17.00 each.

_____ Vegetarian lunch(es)

Check-in begins at 11:00 a.m. and lunch is served at noon.

Please make your check payable to REAOC and mail to:

REAOC, P.O. Box 11787,
Santa Ana, CA 92711-1787

PLEASE CAR POOL!