

RESERVED TABLE FOR TEN - MUST INCLUDE ALL TEN RESERVATIONS, NAMES, MEAL CHOICE AND PAYMENTS.

ADVANCE TICKET SALES DEADLINE: JANUARY 31, 2011

PACKAGE #1 \$80.00 (you save \$45.00)

Includes one banquet dinner (\$65), plus 10 "rack of guns" raffle tickets (\$50), two drink tickets (\$10). **VALUE OF \$125 FOR ONLY \$80.**

PACKAGE #2 \$160.00 (you save \$90.00)

Includes two banquet dinners (\$130), plus 20 "rack of guns" raffle tickets (\$100), four drink tickets (\$10). **VALUE OF \$250 FOR ONLY \$160.**

SPONSOR PACKAGE #3 \$325.00 (you save \$100.00)

Includes one banquet dinner (\$65), 20 "rack of guns" raffle tickets (\$100), **PLUS A ONE-IN-FIVE CHANCE OF WINNING ONE OF OUR BANQUET RIFLES (\$250), Two drink tickets (\$10). VALUE OF \$425 FOR ONLY \$325.**

SPONSOR PACKAGE #4 \$360.00 (you save \$140.00)

Includes two banquet dinners (\$130), 20 "rack guns" raffle tickets (\$100), **PLUS A ONE-IN-FIVE CHANCE OF WINNING ONE OF OUR BANQUET RIFLES (\$250), Four drink tickets (\$20). TOTAL VALUE OF \$500.00 FOR ONLY \$360.**

#1 Package with Rib # _____ with Salmon # _____ @ \$ 80 = _____

#2 Package with Rib # _____ with Salmon # _____ @ \$160 = _____

#3 Package with Rib # _____ with Salmon # _____ @ \$325 = _____

#4 Package with Rib # _____ with Salmon # _____ @ \$360 = _____

#5 Dinner only w/Rib # _____ with Salmon # _____ @ \$ 65 = _____

#6 Youth Dinner w/Rib # _____ with Salmon # _____ @ \$ 45 = _____

TOTAL ENCLOSED: \$ _____

Method of Payment: Visa _____ Mastercard _____ Check _____

Card Number _____ exp. _____ / _____

Name of Cardholder _____

Make Checks Payable To SCI NW Chapter All Tickets picked up at the door
Mail to: JoDean Peters 7214 224th Street East, Graham WA 98338

Name: _____ Phone: _____

Address: _____ Package # _____

City: _____ State _____ Zip _____

Name: _____ Phone: _____

Address: _____ Package # _____

City: _____ State _____ Zip _____

Name: _____ Phone: _____

Address: _____ Package # _____

City: _____ State _____ Zip _____

Name: _____ Phone: _____

Address: _____ Package # _____

City: _____ State _____ Zip _____

Name: _____ Phone: _____

Address: _____ Package # _____

City: _____ State _____ Zip _____

Name: _____ Phone: _____

Address: _____ Package # _____

City: _____ State _____ Zip _____

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City: _____ State _____ Zip _____

Name: _____ Phone: _____

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City: _____ State _____ Zip _____

Name: _____ Phone: _____

Address: _____ Package # _____

City: _____ State _____ Zip _____

Name: _____ Phone: _____

Address: _____ Package # _____

City: _____ State _____ Zip _____