

*Bob Jones High School Band Banquet RSVP
Monday, May 7, 2018
6:00 pm - 9:00 pm
Jackson Center 600 Hudson Way*

Student Name: _____

Number of Adult meals: _____ x \$15 = _____

Number of Student meals : _____ x \$10 = _____

Optional Donation to help students in need to have a meal _____

Number of Guests for presentation only: _____ (\$0)

Number of Chicken Dijon meals: _____

Number of Vegetarian/Vegan meals: _____

Number of Gluten Free meals: _____

Please note that all food will be peanut free. Also, there is open seating for the presentation at 7:30 pm for those students and family members who will not join us for dinner.

Payment: Due in the band box with this completed registration form by April 16, 2018. Payments are nonrefundable.

Amount enclosed: _____

Parent e-mail: _____

Parent phone: _____

*Questions? Contact Janetlee Hurley (256) 609-2122
janetlee17@yahoo.com*