

Single—fill out left column only

Couple—fill out both columns

Valentine Dinner Reservation

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Name: _____
Phone Number: _____
Email: _____

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Phone Number: _____
Email: _____

Meal Choice: (check one of each)

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Appetizer:

- 1) Shrimp Cocktail and Caprese
- 2) Spring Salad

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- 2) Spring Salad

Entree:

- 1) Pan Seared New York Strip, Baked Potato, Asparagus
- 2) Crab Stuffed Tilapia, Wild Rice, Asparagus
- 3) Eggplant Parmesan

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Dessert:

- 1) 7 Layer Chocolate Cake
- 2) White Chocolate Mousse

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(check all that apply)

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- Child Care
Number of children _____
- Payment (\$30 single)
 - Cash
 - Check# _____

- Child Care
Number of children _____
- Payment (\$65 per couple)
 - Cash
 - Check# _____

Sunday, February 25th @ 6pm
Valentine Dinner – Fellowship Hall
___ Paid in advance ___ Pay at the door
Food Selections: (1, 2) (1, 2, 3) (1, 2)

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Cut on the dotted line and keep the bottom portion as your receipt and reminder. Thank you for supporting the SUMC Youth and we look forward to serving you at this event!