

**“International Weekend”
Grand Chapter of Connecticut
Order of the Eastern Star
November 1-3, 2019
Meal Request Form 11/1/19**

SEND COMPLETED FORM TO:

Nancy Hirtle, PM
48 Elderkin Crossing
Norwich, CT 06360
860-887-1128 nawatson@snet.com

RESERVATION DEADLINE

October 15, 2019

CHECKS PAYABLE TO:

The Grand Chapter of Connecticut

Friday Evening Buffet: Choice of Roast Beef Wrap, Turkey Wrap, or Tuna Salad Wrap. **\$26.00**

Includes Tossed Salad, Potato Salad, Chips, Pickles and Condiments, Soda Station, Cookies and Brownies (Vegetarian or Gluten free meal available upon request)

Please provide Name and Title for Friday evening Buffet.

Name:
Title:

Amount for Friday Buffet \$26.00

Total enclosed \$_____

Canadian Friends – Please submit payment with International check or money order in US Funds – Thank You

Dietary restrictions- available upon prior request

Vegetarian or Gluten free, other

Please list food allergies or Dietary restrictions

Name _____ **Phone** _____

Address _____ **Zip Code** _____

City or Town _____ **State or Province** _____

_____ **Email**

**“International Weekend”
 Grand Chapter of Connecticut
 Order of the Eastern Star
 November 1-3, 2019
 Meals Request Form for 11/2/19**

SEND COMPLETED FORM TO:

Maryann Pronovost, PGM
 139 Marine Street
 Thomaston, CT 06787
 860-283-6194 Mdpronovost@optonline.net

RESERVATION DEADLINE

October 15, 2019

CHECKS PAYABLE TO:

The Grand Chapter of Connecticut

Saturday Evening Banquet: Choice of Chicken Breast with Herb Bread Stuffing, Stuffed Sole or Queen Cut Prime Rib.

Included are Cheese and Cracker display and Bruschetta with Tomatoes and Basil, Rolls and Butter, Salad, Green Bean Almandine, Stuffed Potato, Coffee & Tea and Apple Crisp

**Reservations and Meal selections. Please provide Name & Title,
 For Saturday evening banquet , select entrée from above.**

Chicken Sole Beef

Name:			
Title:			

Amount for Saturday Banquet \$53.00

Total enclosed \$_____

Canadian Friends – Please submit payment with International check or money order in US Funds – Thank You

Available upon prior request, Vegetarian or Gluten free, other

Please list food allergies or Dietary restrictions

Name _____ **Phone** _____

Address _____ **Zip Code** _____

City or Town _____ **State or Province** _____

_____ **Email**