



Spring Benefit and Luncheon

Count me in . . .

Name: _____

Phone: _____

E-mail: _____

_____ reservations @ \$65 per guest _____

We will arrange tables of eight and ten.
Please list guest names.

Name of attendees:

1. _____ (table host)
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____

Please assign me to a table: _____

Please fill out and mail to:

Mrs. Eileen Sullivan
Treasurer, SHHGC
25 Montview Avenue
Short Hills, NJ 07078