



GUESS WHO'S COMING to DINNER ?

Meet as neighbors, leave as friends.

RESERVATION FORM

Please Print

Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ Email _____

HOST SELECTION

Please indicate below, in order of preference, the numbers of the top four host homes at which you would like to dine. We will try to assign according to your choices but can make no guarantees. Assignments will be made on a first come, first assigned basis with preference given to TERA members.

_____ 1st Choice _____ 3rd Choice

_____ 2nd Choice _____ 4th Choice

TICKETS

Number of tickets - Reception and dinner _____ @ \$75* _____

Number of tickets - Reception, dinner and _____ @ \$85** _____
1 year TERA membership for new members.

Number of tickets - Reception only _____ @ \$40*** _____

I am unable to attend but enclosed is my donation _____

Tax deductible portion: * - \$35, ** - \$45, *** - \$25 **Total** _____

ORDER TICKETS WITH THIS FORM OR ON-LINE AT WWW.TERA90041.ORG

PAYMENT

Check Enclosed (Payable to The Eagle Rock Association)

Visa

MasterCard

American Express

Account Number _____ Security Code _____

Expires _____ Name on Card _____

Signature **X** _____ Date _____

FOR ADDITIONAL INFORMATION

Email: TERADinner@TERA90041.org, or call TERA at (323) 799-1190

Return reservation to: TERA, PO Box 41453, Eagle Rock, CA 90041

OFFICE USE:

Date _____ Member _____ Ack _____ Home # _____ Conf _____

