

RESERVATION FORM:

**Please return with remittance no later than May 26, 2017.
No reservations will be accepted after this date. Payment must be received with reservation**

Alumni First Name: _____ **Maiden (if applicable):** _____

Alumni Last Name: _____

Mailing Address

Street: _____

City: _____

State: _____

Zip code: _____

Email Address: _____

Graduation Year _____

Spouse's Name (Berlin Graduate/Yr): _____

Please list information for all attending and year of graduation if they attended Berlin Central Schools. If more room is required, please use additional sheet of paper/backside.

Meal Selections: (please select one for each guest, list any dietary restrictions/allergies)

_____ Lemon Chicken – Egg Battered & Finished with a Light Lemon Sundried Tomato Cream Sauce

_____ Sliced Beef Tenderloin – Sauced with a Gorgonzola Cream Sauce

_____ Vegetable Napoleon – Layers of Sundried Tomato & Spinach Mousse with Red Sauce

Price per guest is: \$35.00 per person

of Guests Attending: _____

Berlin Alumni Association Fund Donation:

General Fund: _____

Scholarship Fund: _____

*****NO REFUNDS*****

Payments/Reservations NOT available on-line

Please enjoy the entertainment provided by the committee.
No outside entertainment will be permitted on the premises.

RETURN COMPLETE FORM WITH PAYMENT TO:

BCS Alumni Association

PO Box 149

Berlin, NY 12022

School Website: www.berlincentral.org

(Click on: District and Alumni)