

Bob Jones High School Band Banquet RSVP
Tuesday, May 16, 2017
6:00 pm - 9:00 pm
Jackson Center 600 Hudson Way

Student Name: _____ (\$10)

Number of Adult dinner Guests: _____ \times \$15 = _____

Number of Guests 12 and under: _____ \times \$8 = _____

Number of Guests for presentation only: _____ (\$0)

Number of Chicken Dijon meals: _____

Number of Vegetarian meals: _____

Number of Gluten Free meals: _____

Please note that all food will be peanut free. Also, there is open seating for the presentation at 7:30 pm for those family members who will not join us for dinner.

Payment: Due in the band box by May 9, 2017

Amount enclosed: _____

Parent e-mail: _____

Parent phone: _____

Questions? Contact Janetlee Hurley (256) 609-2122 janetlee17@yahoo.com