HOLIDAY PARTY RESERVATION FORM
Mail-In Reservation Deadline: Postmark by Friday, November 15th

Member Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Membership No. (from mailing label): _____ Email: _____

Phone: _____ Member Entrée: Chicken   Salmon   Pasta

Guest Name: _____ Entrée: Chicken   Salmon   Pasta

Guest Name: _____ Entrée: Chicken   Salmon   Pasta

Guest Name: _____ Entrée: Chicken   Salmon   Pasta

Total Attending: _____ at $50 each = $ _____

Circle your entrée choice. Mail with a check payable to "TRA" to TRA, P.O. Box 1276, Redondo Beach, CA 90278