SUMMER REUNION RESERVATION FORM
Mail-In Reservation Deadline: Postmark by August 1

Member Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

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

Phone: _____ Member Entrée: Salad   Burger   Wrap   Salmon   Ravioli

Guest Name: _____ Entrée: Salad   Burger   Wrap   Salmon   Ravioli

Guest Name: _____ Entrée: Salad   Burger   Wrap   Salmon   Ravioli

Guest Name: _____ Entrée: Salad   Burger   Wrap   Salmon   Ravioli

Total Attending: _____ at $35 each = $ _____

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