

RSVP for the GOSA Gala by Thursday, April 13th

Please fill in reverse side for Table Reservations & Information

Enclosed is a check for _____ dinner reservations at **\$60 each**

Meal Preference: chicken cordon bleu _____ teriyaki salmon _____ vegetarian stir-fry _____

I would like to make an additional tax deductible contribution in the amount of:

\$100 _____ \$250 _____ \$500 _____ \$1000 _____ other \$ _____

Total Enclosed \$ _____ Check # _____ Date ____/____/____

Guest Name (s)

Address

Email AddressPhone

Please make your check payable to GOSA

PO Box 9187, Groton, CT 06340 or call Sidney 860-572-5715



GOSAonline.org

svanzandt3@aol.com

GOSA is a 501(C) (3) non-profit organization



Seating Options

I am reserving a table for 8 or 10

1. Host/contact _____

2. _____

3. _____

4. _____

5. _____

6. _____

7. _____

8. _____

9. _____

10. _____

We/I am sitting at a table
reserved by:

*Please seat me/us at an
unreserved table.*

To guarantee your table reservation
please remind your guests to RSVP by Thursday, April 13th
with their meal choice and payment.