



# CANDLELIGHT BALL

*Please return by Friday, April 5, 2019*

**Enclosed please find a check payable to**

**The Arc for \$ \_\_\_\_\_ for \_\_\_\_\_ reservation(s)**

**Name/Group Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Email:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Choice of:**    \_\_\_ **Roast Beef**

\_\_\_ **Chicken Cordon Bleu**

\_\_\_ **Baked Haddock**

\_\_\_ **Vegetarian**

*Wheelchair*

*Puree Food*

*Seating and pureed arrangements on reverse side*

***Note: Tables seat 10 people. Wheelchairs count as 2 seats.  
No more than 3 wheelchairs per table, correspond name to wheelchair.***

Names: \_\_\_\_\_

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