

2010 Brookfield AAZK Spaghetti Dinner Dinner Ticket Order Form

Name _____
Address _____
City _____ State _____

*Phone Number _____
*Email _____
(*optional for ticket confirmation)

Adults _____ X \$6.00 = _____
Children _____ X \$3.00 = _____
(Between 5 and 12 years of age.)
Infants _____ X FREE _____
(Under 5 years of age.)

Total _____ (Office use order # _____)

Yes, I plan on attending the dinner. I will pick up the ticket(s) the night of the event.

Yes, I plan on attending the dinner. Please send me the ticket(s) so I can have them before the night of the event. (Fill out above with mailing address)

No, I am not on planning on attending the dinner but please accept my donation and enter my ticket(s) in the door prize drawing.

Please do not send cash. Make Checks out to Brookfield AAZK and send it with this form to:

Brookfield AAZK
3300 W Golf Rd
Brookfield Ill 60513



The Members of the Brookfield AAZK thank you for your support.