



Seasons Catering

644 Pascack Road

Washington Twp

March 21st 2019

Please have **ONE** person from your party collect the checks and make arrangements for all guests sitting at the table. **Please return this form and check(s) for table arrangements by Thursday, March 7th, 2019.**

(Please Print)

Name: _____

Tel #: _____

Email: _____

Total Number of People at Table: _____

Cost per person (**\$75 per person**)

Total Payment enclosed (**\$75.00 per person**): \$_____

Reserved seating is available for full tables of 8-12.

Individuals and small parties will be seated with other small parties.

Please list all people in your party below:

1)	_____	7)	_____
2)	_____	8)	_____
3)	_____	9)	_____
4)	_____	10)	_____
5)	_____	11)	_____
6)	_____	12)	_____

Please make checks (NO CASH) payable to AB Smith School PTA.

Send completed form with payment in an envelope marked:

"Smith Night Out - Table Arrangements"

Questions? Email: ptasmithschool@gmail.com