## DEPARTMENT COMMANDER WILLIAM ROLAND TESTIMONIAL WEEKEND DINNER RESERVATION

Name		
Address		
City	State	Zip Code
Post/Auxiliary Number		District Number
Please indicate any special dietary restrictions, vegetarian meals available:		
Number of Friday Night O	NLY Tickets @	) \$50.00 per person
Number of Saturday Nigh	t ONLY Tickets	s @ \$50.00 per person
Number of Tickets for bot	th nights @ \$9	5.00 per person
#of Chicken Chardonnay and Salmon with Bourbon Peach Glaze		
#of Filet Mignon and Shrimp with Garlic & Herb Compound		
#of Vegetable Napolean [	Dinners	
Check Amount Enclosed		
Check #		
Make Checks payable to:	DISTRICT 29	STEERING COMMITTEE
Reservations mailed to:		i <b>edrzycki</b> dge Drive, Apt 205 A 15205-1144
RESERVATIONS DEADLINE: October 19, 2025		

Tickets will be available to be picked up in the hotel lobby beginning at 11:00 am to 3:00 pm Friday, October 31st and on Saturday, November 1<sup>st</sup> from 11:00 am until 1:00 pm.