



**Pacific Shores Region 12
Sweet Adelines International
Regional Convention
May 3 - 5, 2018
Meals - Saturday May 5, 2018**

Official Use Only
Meal: _____
Room: _____
Time: _____

Chorus Name: _____

(Insert Chorus Name)

Would you like a podium and microphone?

Please check

Yes No

Would you like a podium only?

Please check

Yes No

Choices appear below, with the price per person including Nevada state tax and gratuities. Select the type of function and indicate number of people expected. Total and complete page 2.

Breakfast Buffets (Select Only One Per Chorus)		
Description	Price per Person	Number of People Expected _____
Breakfast Buffet #1	\$ 16.50	Circle two: Bacon, Ham or Sausage
Breakfast Buffet #2	\$ 21.00	Circle three: Bacon, Ham, Sausage, French toast, Pancakes, Cheese Blintzes or Biscuits & Gravy.
Continental Breakfasts (Select Only One Per Chorus)		
Description	Price per Person	Number of People Expected _____
Continental Breakfast #1	\$10.00	
Continental Breakfast #2	\$12.50	
Continental Breakfast #3	\$14.50	
Continental Breakfast #4	\$15.50	
		Total Amount for Breakfast \$ _____
Dinner Buffets		
Cost Per Person \$32.00		
All Buffets are Served With:		
Fresh Seasonal Vegetables		
Fresh Baked Rolls and Butter		
Assorted Desserts: Cakes, Pies, Cream Pies, and Pastries		
Fresh Brewed Coffee, Decaffeinated Coffee		
Regular Teas and Iced Tea (Herbal on request)		
Cold Selections Description		
Fresh Field Green Salad Bar with Toppings & Dressings		
Caesar Salad		
Sliced Seasonal Fruit Salad		
Fiesta Corn Salad		
Hot Entree - Selections Descriptions		
Tri-tip with Boubon Sauce		
Poached Salmon with Spinach Fennel Sauces		
Breast of Chicken with Sage Demi-Glaze		
Baked Vegetarian Lasagna.		
Accompaniments		
Baked Potato with Sour Cream & Chives		
Wild Rice		
Cost \$32 Per Person	Number of People Expected: _____	
		Total Amount for Dinner \$ _____



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CHORUS NAME _____

Grand total for Breakfast (payment information below) \$ _____

Grand total for Dinner (payment information below) \$ _____

Number of people that will be seated, but will not be eating from the menu? _____

Primary Contact Person

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

E-mail Address: _____

Home Phone: () _____

Work Phone: () _____

Alternate Contact Person

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

E-mail Address: _____

Home Phone: () _____

Work Phone: () _____

REQUESTS WILL BE PROCESSED IN THE ORDER RECEIVED.

INCLUDE MEAL FORMS ALONG WITH YOUR PAYMENT

Please make check payable to Nugget

\$ _____ enclosed

MUST BE RECEIVED BY MONDAY, 04/15/18

PLEASE SUBMIT REQUESTS TO:

Judi Nail

3321 Del Mar Avenue

Loomis, CA 95650

Phone: (home) 916 652-6700 (cell) 916-761-2998

e-mail: j.spike6700@sbcgobal.net