

Lincoln Day Dinner

TICKET ORDER FORM Table Purchase

Name: _____

Phone: _____ Organization: _____

Address: _____

Email: _____

8 Tickets for the price of 7: TOTAL COST \$560

Guests & Dinner Choice:

Guest 1: _____

Mediterranean Chicken Grilled Winter Veggies & Pasta (gluten free)

Guest 5: _____

Mediterranean Chicken Grilled Winter Veggies & Pasta (gluten free)

Guest 2: _____

Mediterranean Chicken Grilled Winter Veggies & Pasta (gluten free)

Guest 6: _____

Mediterranean Chicken Grilled Winter Veggies & Pasta (gluten free)

Guest 3: _____

Mediterranean Chicken Grilled Winter Veggies & Pasta (gluten free)

Guest 7: _____

Mediterranean Chicken Grilled Winter Veggies & Pasta (gluten free)

Guest 4: _____

Mediterranean Chicken Grilled Winter Veggies & Pasta (gluten free)

Guest 8: _____

Mediterranean Chicken Grilled Winter Veggies & Pasta (gluten free)

Please mail your check and completed form to:



Thurston County Republican Party
PO BOX 275
Olympia, WA 98507