

MEAL RESERVATION

Please send this sheet, with payment for Saturday supper and Sunday breakfast to:

Marilyn Sweazy
P.O. Box 241
Taylorsville, KY 40071

Name: _____

Address: _____

City, State, Zip: _____

Phone: _____

Email: _____

Saturday supper tickets @ \$ 12 (adult) _____

Saturday supper tickets @ \$ 8 (youth) _____

Sunday breakfast tickets at \$ 8 (adult) _____

Sunday breakfast tickets at \$ 6 (youth) _____

Total amount enclosed: _____

For KGS use only:

Check Number: _____ Amount: _____

Date Check Received: _____