

2018 Banquet Reservation Form

GET YOUR TICKETS BEFORE THEY SELL OUT!
RSVP by Oct 12, 2018

CONTACT NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

Cell Home Work

PHONE _____

E-MAIL ADDRESS (FOR CONFIRMATION RECEIPT) _____

I WILL BE ATTENDING THE FOLLOWING BANQUET (CHECK BOX):

- Kaua'i Banquet — Sat, November 10th, 6pm**
Kaua'i Veteran's Center: 3215 Kapule Hwy, Lihue, HI 96766
- O'ahu Banquet — Sat, November 17th, 6pm**
Pomaikai Ballroom /Dole Cannery: 735 Iwilei Road, Honolulu, HI 96817

KAUAI BANQUET	\$20 PER PERSON	X	<input type="text"/>	= \$
	FREE CHILD (4 AND UNDER)	X	<input type="text"/>	= \$
O'AHU BANQUET	\$26 PER PERSON	X	<input type="text"/>	= \$
	\$19 CHILD (5-10 YEARS)	X	<input type="text"/>	= \$
	FREE CHILD (4 AND UNDER)	X	<input type="text"/>	= \$
TICKET SALES BASED ON FIRST COME, FIRST SERVED BASIS. EVENT IS A NO HOST BAR.				= \$

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BANQUET GUEST NAMES	Anchor Point	Shelter Lodge	Neither
1. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SIT WITH (SEATING REQUEST): _____

BANQUET IS **RESERVED SEATING** (TABLES OF 10). SEATING REQUESTS WILL BE ACCEPTED UP TO 2 WEEKS PRIOR TO BANQUET DATE. PLEASE LIST OF YOUR GUESTS FOR RESERVED TABLES. NOTE IF YOU WANT TO BE SEATED WITH ANOTHER PARTY. WE'LL TRY OUR BEST TO ACCOMMODATE YOUR SEATING REQUESTS.

MAKE CHECK PAYABLE TO: ADVENTURE BOUND
MAIL TO: 1315 S. KING STREET #4, HONOLULU, HI 96814

Banquet tickets will be mailed to address provided.

For more information please call: 808-593-9322 or e-mail: jackie@alaskareel.com

Payment by Credit Card (add \$1.00 processing fee per ticket)

Card No. _____ Exp: ____/____

Card Holder: _____ Security Code: _____

Signature: _____

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1. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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