



**SLOVAK AMERICAN SOCIETY
OF WASHINGTON D.C.**

SV. MIKULÁŠ PARTY 2017 PREPAID RESERVATION FORM

RSVP by 6:00 pm on Wednesday, November 29th

Free Admission for Children

	No. Reservations		Amount
Member Admission			
Individual	_____ x \$25	=	\$ _____
Family (Two Adults)	_____ x \$45	=	\$ _____

Non-Member Admission

Individual	_____ x \$35	=	\$ _____
Family (Two Adults)	_____ x \$65	=	\$ _____

TOTAL \$ _____

Contact Information:

Name: _____

Address: _____

Phone/Email: _____

Names of Attendees (please specify adult or child):

Send reservation form and check made payable to 'SASW' to:

**SASW
P.O. Box 2502
Springfield, VA 22152-2502**