

LUNCHEON RESERVATION FORM

Saturday, April 22, 2023 - La Crosse

Name: _____

Address: _____

Phone: _____

E-Mail Address: _____

Number: Post _____ Auxiliary _____

Location: _____

Please reserve the following lunch(s) for me or us

**Number*

Sub-Total

Lunch: _____ X \$ 19.95 per person = \$ _____

After April 13, 2023

Lunch: _____ X \$ 24.95 per person = \$ _____

No Lunch: _____ X \$ 6.95 per person = \$ _____

After April 13, 2023

No Lunch: _____ X \$ 9.95 per person = \$ _____

TOTAL ----- \$ _____

Billing Address: _____

Click Here for [Copy](#) or Here Pay by [Credit Card](#)

**Names of others attending:*

1. _____ 4. _____

2. _____ 5. _____

3. _____ 6. _____