

Name \_\_\_\_\_

Cadet/Midshipman Name \_\_\_\_\_ Class Year \_\_\_\_\_

Phone \_\_\_\_\_ Academy \_\_\_\_\_

Number of reservations requested @ \$50.00 per person \_\_\_\_\_

Number of reservations requested @ \$35.00 per cadet/midshipman/Guest or full time student \_\_\_\_\_

Email \_\_\_\_\_ Total Check \_\_\_\_\_

Total vegetarian meals requested \_\_\_\_\_

*Please return card with check in enclosed envelope by December 14, 2011.*

*Make checks payable to: All Academy Ball*

***Direct all Questions to:***

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