

RHODE ISLAND STATE COUNCIL
CHARITY BALL TICKET REQUEST FORM

Number of Tickets _____ X \$42.50 per ticket = _____

Name _____

Address _____

Phone # _____

FULL TABLE ORDER FORM

Number of Tables _____ X \$400.00 Amt. Paid _____

Council Name and Number _____

- | | | |
|-----------|---------|------|
| 1. _____ | Chicken | Beef |
| 2. _____ | Chicken | Beef |
| 3. _____ | Chicken | Beef |
| 4. _____ | Chicken | Beef |
| 5. _____ | Chicken | Beef |
| 6. _____ | Chicken | Beef |
| 7. _____ | Chicken | Beef |
| 8. _____ | Chicken | Beef |
| 9. _____ | Chicken | Beef |
| 10. _____ | Chicken | Beef |

*Please fill out the names of the people sitting at your table to expedite seating arrangements.

Mail completed form and check made payable to **RI State Council K of C**
to:

Peter Lentini SA
966 Plainfield St
Johnson, RI 02919