

## August 1<sup>st</sup> Dinner 2025 Reservation form

*(Please email this form with payment)*

**RSVP is for how many people:** \_\_\_\_\_

Please indicate your choice of entrée:

☐ Swiss Alps Kale Salad    ☐ Swiss Bratwurst    ☐ Fondue    ☐ Smoked Salmon

**Cost:**

Members: \$65      Non-Members: \$75

- **Check (please enclose)**
- **Credit Card type:**    ☐ Visa    ☐ MasterCard    ☐ American Express

Name(s): \_\_\_\_\_

\_\_\_\_\_

Credit Card number: \_\_\_\_\_

Expiration date: \_\_\_\_\_ Amount: \_\_\_\_\_

Name on Credit Card: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_ Telephone: \_\_\_\_\_

Thank you.  
We look forward to seeing you.