



Pacific Shores Region 12
Sweet Adelines International
Regional Convention
April 20, 2024

Official Use Only
Meal: _____
Room: _____
Time: _____

Chorus Name:

(Insert Chorus Name)

Would you like a podium and microphone? **\$30 charge for mic** Please check Yes No
Would you like a podium only? No charge Please check Yes No

Choices appear below, with the price per person including Nevada state tax and gratuities. Select the type of function and indicate the number of people expected. Total and complete page 2.

Breakfast Buffet – Cost Per Person \$33.00

Breakfast Buffet

Freshly Squeezed Orange Juice | Grapefruit Juice

Sliced Season Fruits & Berries

Scrambled Eggs

Breakfast Potatoes

Bacon

Assorted Breakfast Pastries

Nugget Signature Roast Coffee, Decaffeinated Coffee and Deluxe Herbal Teas.

Cost \$33.00 Per Person

Number of people expected _____

Total Amount for Breakfast \$ _____

Dinner Buffet - Cost Per Person \$42.00

All Buffets are Served With:

Fresh Baked Rolls and Sweet Butter

Nugget Signature Roasted Coffee, Decaffeinated Coffee, Herbal Tea & Iced Tea

Cold Selections Description

Caesar Salad (GF) / Garlic – Croutons / Parmesan (GF)/ Creamy Caesar Dressing (GF)

Caprese Salad / Fresh Mozzarella / Cherry Tomato / Basil

Seasonal Fruit Salad (GF)

Hot Entree - Selections Descriptions

Herb Roasted Chicken (GF)

Mushroom Ravioli / Garlic Parmesan Cream

Accompaniments

Garlic Asparagus / Pine Nuts (GF)

Desserts

Chef's choice (will include one GF dessert choice)

Cost \$42.00 Per Person

Number of People Expected: _____

Total Amount for Dinner \$ _____

If you bring your own wine, please pay Corkage Fee of \$10.00 per bottle to Banquet Captain.
(Not a chorus charge. Pay on site. Do not include with chorus payment.)



Pacific Shores Region 12
Sweet Adelines International
Regional Convention
April 20, 2024

CHORUS NAME _____

Grand total for Breakfast (payment information below) \$ _____

Grand total for Dinner (payment information below) \$ _____

Microphone Charge - \$30 Please write separate check - payment below _____

Number of visitors that will be seated, but will not be eating? _____

Primary Contact Person

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

E-mail Address: _____

Home Phone: () _____

Work Phone: () _____

Alternate Contact Person

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

E-mail Address: _____

Home Phone: () _____

Work Phone: () _____

1. INCLUDE MEAL FORMS ALONG WITH YOUR PAYMENT

Please make check payable to Nugget

\$ _____ enclosed

2. Y / N - Requested Microphone during meal

Please make separate check payable to Nugget - \$ 30.00

MUST BE RECEIVED BY SATURDAY, 3/2/24

PLEASE SUBMIT REQUESTS TO:

Judi Nail

3321 Del Mar Avenue

Loomis, CA 95650

Phone: (cell) 916-761-2998 email:

j.spike6700@sbcgobal.net