



Pacific Shores Region 12
Sweet Adelines International
Regional Convention
April 30 - May 2, 2020
Meals: Saturday - May 2, 2020

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 number of people expected. Total and complete page 2.

Breakfast Buffet Cost Per Person \$17.00	
Description Chilled Orange Juice Freshly Brewed Regular and Decaffeinated Coffee Assorted Herbal & Regular Tea Sliced Fresh Fruit and Berries Assorted Breakfast Pastries Scrambled Eggs, Breakfast Potatoes, Bacon	
Cost \$17.00 Per Person	Number of people expected _____ Total Amount for Breakfast \$ _____
Dinner Buffet Cost Per Person \$33.00	
All Buffets are Served With: Fresh Baked Rolls and Butter Fresh Brewed Coffee, Decaffeinated Coffee Regular Teas and Iced Tea (Herbal on request)	
Cold Selections Description Caesar Salad / Garlic Croutons / Parmesan / Creamy Caesar Dressing Caprese Salad / Fresh Mozzarella / Cherry Tomato / Basil Seasonal Fruit Salad	
Hot Entree - Selections Descriptions Herb Roasted Chicken Steak Pizzaiola / Pearl Onions / Bleu Cheese / Balsamic Glaze Mushroom Ravioli / Garlic Parmesan Cream	
Accompaniments Garlic Butter Asparagus / Pine Nuts	
Desserts Tiramisu, Amaretto Cheesecake, Double Fudge Cake	
Cost \$33.00 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.)	



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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

If your chorus is having dinner, would you like a **Quartet Stroll** visit to your room? Y___N___ Preferred time between 7:45 & 9:00 pm? _____

Number of people that will be seated, but will not be eating from the menu? _____

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 WEDNESDAY, 04/01/20

PLEASE SUBMIT REQUESTS TO:

Judi Nail

3321 Del Mar Avenue

Loomis, CA 95650

Phone: (home) 916 652-6700 (cell) 916-761-2998

email: j.spike6700@sbcgobal.net