



SAINT SOPHIA CATHEDRAL

June 1, 2019

Name _____
(Reservation is under First initial, Last name)

Total adults _____ @ \$70/person \$ _____

Total children _____ @ \$25/child \$ _____

Payment options:

Checks made payable to Saint Sophia Cathedral

Credit Cards: VISA, Mastercard, AMEX

Cardholder's Name _____

Acct member _____

Exp Date _____ CSV Code _____ Zip Code _____

Signature _____

Phone _____

Email _____

Reservations are due by May 15, 2019

For more information contact Jeanne Boukidis

818-389-7661 (text/voicemail) or

stsophiamdlreservations@gmail.com

Important:

Please list yourself, your guests and meal preferences
on the back of this card

List your name and all your guests included in this payment, along with your meal preferences (circle one):

B=Beef **F**=Fish **V**=Vegetarian **Ch**=Child's Plate

NAME	MEAL PREFERENCE			
	B	F	V	Ch
	B	F	V	Ch
	B	F	V	Ch
	B	F	V	Ch
	B	F	V	Ch
	B	F	V	Ch
	B	F	V	Ch
	B	F	V	Ch
	B	F	V	Ch
	B	F	V	Ch
	B	F	V	Ch
	B	F	V	Ch

Tables seat 10-12 guests and are reserved on a first-come/first-served basis.

All seating is reserved.

If no meal preference is indicated, Beef will be served.