

ANNUAL BANQUET - SUNDAY, OCTOBER 24, 1993

Reserved Seating for Tables of 8-10 Only

Donation: \$10.00 per person

Deadline for reservations: October 20

_____ Ticket(s) at \$10.00 per person \$ _____

Reservations are in order of receipt. Payment must be enclosed with this reservation form. For further information, please call the Church Office, 617 354-0632.

Name _____ Telephone _____

Address _____

Please list names for table reservations on back of this form.

Please make check payable to "Holy Trinity Armenian Church" and mail to 145 Brattle Street, Cambridge, MA 02138.

Please Print Names Clearly for Table Reservations

Mr. _____

Mr. _____
