

# SAIL AWAY 2016 FOOD SELECTIONS

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

**Dietary Restrictions:**

**SOCIAL EVENT:** THURSDAY from 9:00 pm to 10:00 pm – Free to attendees and guests!  
 NO                       YES      Number attending event \_\_\_\_\_

Lunch Options: Choose 1 from Each Column

1.	<p><b>FRIDAY BOX LUNCH (Choose Sandwich <u>or</u> Veggie Wrap - and Drink):</b></p> <p><i>Deli Sandwich Selection:</i></p> <table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> Turkey</td> <td><input type="checkbox"/> Rye</td> <td><input type="checkbox"/> Swiss</td> </tr> <tr> <td><input type="checkbox"/> Roast Beef</td> <td><input type="checkbox"/> Whole Wheat</td> <td><input type="checkbox"/> Provolone</td> </tr> <tr> <td><input type="checkbox"/> Ham</td> <td><input type="checkbox"/> Kaiser Roll</td> <td><input type="checkbox"/> American</td> </tr> <tr> <td></td> <td><input type="checkbox"/> White</td> <td></td> </tr> </table> <hr style="border-top: 1px dashed black;"/> <p><input type="checkbox"/> Grilled Veggie Wrap with Balsamic Dressing</p>	<input type="checkbox"/> Turkey	<input type="checkbox"/> Rye	<input type="checkbox"/> Swiss	<input type="checkbox"/> Roast Beef	<input type="checkbox"/> Whole Wheat	<input type="checkbox"/> Provolone	<input type="checkbox"/> Ham	<input type="checkbox"/> Kaiser Roll	<input type="checkbox"/> American		<input type="checkbox"/> White		<p><u>Drink Selection:</u></p> <p><input type="checkbox"/> Water</p> <p><input type="checkbox"/> Regular Soda</p> <p><input type="checkbox"/> Diet Soda</p> <p><i>Each lunch includes: Chips, Fruit, Brownie, Condiments on the Side</i></p>
<input type="checkbox"/> Turkey	<input type="checkbox"/> Rye	<input type="checkbox"/> Swiss												
<input type="checkbox"/> Roast Beef	<input type="checkbox"/> Whole Wheat	<input type="checkbox"/> Provolone												
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	<p><b>SATURDAY BOX LUNCH (Choose Sandwich <u>or</u> Veggie Wrap - and Drink):</b></p> <p><i>Deli Sandwich Selection:</i></p> <table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> Turkey</td> <td><input type="checkbox"/> Rye</td> <td><input type="checkbox"/> Swiss</td> </tr> <tr> <td><input type="checkbox"/> Roast Beef</td> <td><input type="checkbox"/> Whole Wheat</td> <td><input type="checkbox"/> Provolone</td> </tr> <tr> <td><input type="checkbox"/> Ham</td> <td><input type="checkbox"/> Kaiser Roll</td> <td><input type="checkbox"/> American</td> </tr> <tr> <td></td> <td><input type="checkbox"/> White</td> <td></td> </tr> </table> <hr style="border-top: 1px dashed black;"/> <p><input type="checkbox"/> Grilled Veggie Wrap with Balsamic Dressing</p>	<input type="checkbox"/> Turkey	<input type="checkbox"/> Rye	<input type="checkbox"/> Swiss	<input type="checkbox"/> Roast Beef	<input type="checkbox"/> Whole Wheat	<input type="checkbox"/> Provolone	<input type="checkbox"/> Ham	<input type="checkbox"/> Kaiser Roll	<input type="checkbox"/> American		<input type="checkbox"/> White		<p><u>Drink Selection:</u></p> <p><input type="checkbox"/> Water</p> <p><input type="checkbox"/> Regular Soda</p> <p><input type="checkbox"/> Diet Soda</p> <p><i>Each lunch includes: Chips, Fruit, Brownie, Condiments on the Side</i></p>
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	<input type="checkbox"/> White													

Place the Number of Lunches \_\_\_\_\_ x \$20.00 EA. On Line 2                      1. \$ \_\_\_\_\_

2. **SATURDAY BANQUET:** Choose 1 Entree:  
*(Includes: Salad, Starch, Vegetable, Rolls and Butter, Coffee/Tea and Dessert buffet)*

<input type="checkbox"/> Chicken with Stuffing	<input type="checkbox"/>	
<input type="checkbox"/> Broiled Salmon with Champagne and Dill Sauce	<input type="checkbox"/>	

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Note: Your cost is included with your registration. You pay only for guest/s.  
**If you have banquet guests, use the back of this form to indicate their names/dinner selections.**

Place the Number of **Banquet Guests** \_\_\_\_\_ x \$46.00 EA. On Line 3                      2. \$ \_\_\_\_\_

TOTAL FOR LINES 1 AND 2 TO BE  
 ENTERED ON YOUR REGISTRATION FORM.....TOTAL \$ \_\_\_\_\_

Direct any Food Questions to:      **Bobbie Draves** (301-540-7613 or bdraves@verizon.net)

## SAIL AWAY GUEST/S - FOOD SELECTION

YOUR NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

<b>Social Event:</b>	Guest 1: _____
	Guest 2: _____
	Guest 3: _____
	Guest 4: _____

<b>BANQUET GUEST 1:</b>	GUEST
Choose 1 Entree:	NAME: _____
<i>(Includes: Salad, Starch, Vegetable, Rolls and Butter, Coffee/Tea and Dessert Buffet)</i>	
<input type="checkbox"/> Chicken with Stuffing	<input type="checkbox"/>
<input type="checkbox"/> Broiled Salmon with Champagne and Dill Sauce	<input type="checkbox"/>

<b>BANQUET GUEST 2:</b>	GUEST
Choose 1 Entree:	NAME: _____
<i>(Includes: Salad, Starch, Vegetable, Rolls and Butter, Coffee/Tea and Dessert Buffet)</i>	
<input type="checkbox"/> Chicken with Stuffing	<input type="checkbox"/>
<input type="checkbox"/> Broiled Salmon with Champagne and Dill Sauce	<input type="checkbox"/>

<b>BANQUET GUEST 3:</b>	GUEST
Choose 1 Entree:	NAME: _____
<i>(Includes: Salad, Starch, Vegetable, Rolls and Butter, Coffee/Tea and Dessert Buffet)</i>	
<input type="checkbox"/> Chicken with Stuffing	<input type="checkbox"/>
<input type="checkbox"/> Broiled Salmon with Champagne and Dill Sauce	<input type="checkbox"/>

**Guest Dietary Restrictions:**

Direct any Food Questions to: **Bobbie Draves** (301-540-7613 or [bdraves@verizon.net](mailto:bdraves@verizon.net))