

Return completed form with proper payment.

Date: Wednesday, December 31, 2008

Entertainment: Shakey Ground

Name _____

Address _____

City-State-Zip _____

Phone _____

Email _____

Seat us with _____

Total # reservations _____

Amount enclosed
(do not send cash) _____

RESERVED & PAID IN FULL BY DECEMBER 1

Lobster tail (9 oz.) _____ x \$67 per guest = _____

Choice of prime rib au jus _____ x \$54 per guest = _____

Boneless stuffed chicken breast _____ x \$47 per guest = _____

RESERVED AFTER DECEMBER 1

Lobster tail (9 oz.) _____ x \$72 per guest = _____

Choice of prime rib au jus _____ x \$59 per guest = _____

Boneless stuffed chicken breast _____ x \$52 per guest = _____

Reservations must be paid within 7 days from the date they are placed or they will automatically be released. Seating placement is based upon payment date.

Please make checks payable to: Regal Room
(\$20 charge for bank returned checks)

216 Lackawanna Ave., Olyphant, PA 18447
(570) 489-1901, fax (570) 489-2692, www.regalroom.com