

Roy Chapman Andrews Society Distinguished Explorer Award Celebratory Dinner

Please reserve the following dinner seats:

_____ at the member's rate of \$50 per person _____ at the non-member's rate of \$65 per person

_____ Please reserve _____ corporate tables of 8 at \$350/ea.

Corporate Name:

_____ We would like to renew our membership in the Roy Chapman Andrews Society at \$20/person

_____ We would like to join the Roy Chapman Andrews Society at \$20/person

In addition, we would like to support the Roy Chapman Andrews Society with a tax deductible gift of _____ \$25 _____ \$50 _____ \$100 _____ Other.

Roy Chapman Andrews Society is a 501c3; By IRS laws, you have not received anything in exchange for the above tax deductible donation.

Please copy this form for your records.

Memberships are renewed each year on Jan. 26, the birth date of Roy Chapman Andrews.

Name(s) of Guests:

E-mail address:

Phone #:

_____ # Chicken Parmesan w/pasta _____ # Vegetarian Amount Enclosed: \$

Deadline for reservations and payment is April 5th with checks made payable to the Roy Chapman Andrews Society, 500 Public Ave. Beloit, WI 53511

Questions, call Ruth 608.346.3939 or e-mail ruth@roychapmanandrewssociety.org