Whisky Tasting Reservation Form Saturday, March 9th, 6:30 PM at Lake Miona

| Name: | | | _ |
|---|---|----------------|---|
| Telephone #: | | | _ |
| Email: | | | |
| No. of Tickets Requested for W | hisky participants: | @ \$50.00 = \$ | |
| No. of Tickets Requested for Non-Whisky participants: | | @ \$40.00 = \$ | |
| Everyone who has a Village ID o | or Guest Pass is welcome at th | nis event! | |
| List all attendee names: | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| Check #: enclosed for \$ | (Please, don't ser | nd cash) | |
| Your reservation won't be cons | idered complete without pay | ment! | |
| Make check payable to: | Scottish American Society of | The Villages | |
| Mail to: | Tom Douglas 3101 Raven Croft Terrace The Villages, FL 32163 | | |

Please call with any questions: 618-795-3879