



**Suffolk County Council Annual  
SCOUTERS RECOGNITION  
AND  
FELLOWSHIP DINNER**



# The Main Thing

**You are cordially invited to attend the  
Council Fellowship Dinner  
Thursday, March 27, 2014 - Villa Lombardi's, Holbrook**

See the council website [www.sccbsa.org](http://www.sccbsa.org) for directions.

**Gathering & Fellowship Reception at 6:00 PM**

(Cash Bar)

**Dinner at 7:00 PM**

All members of the Scouting community are invited to attend  
an evening of food and fellowship  
to celebrate Scouting and the presentation of the Silver Beaver Award.

*If you would like a table of 10 reserved specifically for your group,  
list ALL 10 names and pay for all 10 tickets at the same time, on the same form.*

Ticket Price:     \$45.00 / Person   or   \$86.00 / Couple  
After March 21, 2014:   \$50.00 / Person   or   \$96.00 / Couple  
Reservation cut off is Noon, March 24 – or earlier if capacity is reached.

**NO Walk-ins!**

**For questions: contact Donna Dunn at [donnadunn@aol.com](mailto:donnadunn@aol.com)  
or Nina Kelly at 727-1614, ext. 0**

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COUNCIL CHAIR.....DONNA DUNN.....DONNADUNN@AOL.COM

## Send To

Suffolk County Council  
7 Scouting Boulevard, Medford, NY 11763 – FAX 631-924-7145

Please reserve \_\_\_\_\_ seats at the 2014 Council Fellowship Dinner.

***If you would like a full table of 10 reserved specifically for your group,  
please list ALL 10 names and pay for all 10 tickets at the same time, on the same form.***

Name of Attendee (s)\*: \_\_\_\_\_  
\*(List additional names with unit and district information )

Unit: \_\_\_\_\_ District: \_\_\_\_\_ Non-Scouter \_\_\_\_\_

E-Mail of primary contact: \_\_\_\_\_

### **Guest List** (Full table reservations of ten (10) will be given an assigned table.)

Please Print

ATTENDEE NAME

UNIT AFFILIATION

DISTRICT

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_
7. \_\_\_\_\_
8. \_\_\_\_\_
9. \_\_\_\_\_
10. \_\_\_\_\_

***If you would like a table of 10 reserved specifically for your group,  
please list ALL 10 names and pay for all 10 tickets at the same time, on the same form.***

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My check for \$ \_\_\_\_\_ is enclosed. (Payable to *Suffolk County Council, BSA*)  
Please charge to my credit card for \$ \_\_\_\_\_ (Complete all information requested).  
( ) MasterCard      ( ) Visa      ( ) Discover      ( ) American Express

Credit Card#: \_\_\_\_\_ Exp. Date: \_\_\_\_\_ Code #: \_\_\_\_\_

Card Holder's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Signature (*card holder*): \_\_\_\_\_