

## Celebration of Champions Awards Banquet Reservation form

Please return this form and your check made payable to "MHSA" to: Sue Webster at 14371 Concert Ave, Hallsville, MO 65255 .... [Swebster31@yahoo.com](mailto:Swebster31@yahoo.com)

Name: \_\_\_\_\_ Email: \_\_\_\_\_

Phone: \_\_\_\_\_

_____ Vegetarian meal requested	
_____ Adults x \$45 =	\$ _____
_____ Children (12 and under) x \$35 =	\$ _____
_____ Audit of Smith Lilly Clinic 9:00am	\$ Included
_____ Audit of Smith Lilly Clinic 1:30pm	\$ Included
<b>TOTAL DUE</b>	\$ _____ *

Please list names of all those included in this reservation:

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Put any additional names on the back of this form

*\*Please note, Stephens College requires a head count no later than January 12, 2018. Therefore, reservations made after **January 12, 2018**, will cost an extra **\$10** per person*