RESERVATION FORM FOR THE MSCHF INDUCTION LUNCHEON

DATE: THURSDAY, OCTOBER 16, 2025 Social Time: 11:00 a.m. and Luncheon: 12:00 noon

PLACE: Ten Oaks Ballroom
5000 Signal Bell Lane
Clarksville, MD 21029
410-313-7300

DONATION: $37

MENU: Mixed lettuce salad with maple balsamic vinaigrette; chicken breast with garlic and herbs; mashed potatoes, old-fashioned style; wood grilled vegetables; artisan bread basket; Appledore Island apple crisp; coffee, hot water for assorted gourmet teas, and iced tea

NO RESERVATIONS WILL BE ACCEPTED AFTER FRIDAY, SEPTEMBER 30, 2025.

Honoree(s) attending will be assigned to a primary table and will be expected to sit at that table. Tables are set to **accommodate 10 people. Up to nine guests** or (up to eight guests if a couple is being honored) can join the honoree(s) **at the primary table. If there are more than nine guests per honoree** (or eight guests if a couple is being honored), **additional table(s) will be assigned** to the honoree(s). All honorees received a complimentary ticket. The order of seating at the primary and additional tables is the responsibility of the honoree and his/her guests. Table assignments will be posted in the lobby on October 16.

Please complete and return the form below. Please state the name of the honoree(s) and/or organization with which you wish to sit. We ask that large groups be limited to 30 **including the honoree(s)**. If there are multiple ticket request forms per honoree(s), please include all in one envelope. If you have questions or dietary concerns, please send an email to mschf.mail@verizon.net or call 410-256-6949 or 410-828-5852.

PLEASE COMPLETE THIS FORM. BE SURE TO COUNT THE HONOREE IN YOUR TOTAL NUMBER.

CUT OFF HERE AND RETURN WITH YOUR CHECK BY SEPTEMBER 30.

MSCHF iNDUCTION LUNCHEON --- OCTOBER 16, 2025

Enclosed is a check for $_____ to cover reservations for _____ people at the cost of $37 per person.
Send tickets to **(please print)**:

Name: _____ Telephone #: _____
Address: Number & Street _____
City_____ State_____ Zip_____
Honoree(s) with which affiliated: _____
Organization if applicable: _____

Name of Guest--*please print*	Name of Guest--*please print*
1.	1.
2.	2.
3.	3.
4.	4.
5.	5.
6.	6.
7.	7.
8.	8.
9.	9.
10.	10.

Make checks payable to MSCHF and mail with this form to: Maryland Senior Citizens Hall of Fame
6 Lagan Court
Nottingham, MD 21236

Please make additional copies if needed.