## Achewon Nimat Lodge

## Lodge Banquet

Saturday, December 9, 2017 5:00 P.M.

## Celebrating the 52<sup>th</sup> Anniversary of Our Lodge Banquet!

Come out for an evening of Fun and Fellowship as we celebrate the 52<sup>th</sup> Anniversary of Achewon Nimat Lodge.



Help us celebrate the 102<sup>th</sup> Anniversary of the Order of the Arrow. Our Banquet is an official Centuries of Service Event.

Banquet Theme: "A Celebration of Cheerful Service"

To all members of Achewon Nimat Lodge past and present.

Join in the fun during the OFFICER AUCTION. Win the Officer who will become your private waiter for the evening.

Let's celebrate 52 years of cheerful service and fellowship. There will be tasty appetizers, a great Asian-Pacific banquet & desserts, VIGIL Recognitions, Awards, Other Recognitions, Auction, and a wonderful slideshow with many photo memories.

## Location: SFBAC - YLTC, 1001 Davis Street, San Leandro, CA

Please detach the lower portion and return it with your form of payment. As a reminder Package Plan members have already paid for the Banquet, however, they are requested to RSVP to: <a href="mailto:AchieEvents@gmail.com">AchieEvents@gmail.com</a>.

For more information contact the Nathan Visser-<u>BanquetChair@AchewonNimat.org</u> or Banquet Adviser, Liz Brandon at (925)449-8378.

(Please print) Lodge	e Banquet - Reservations must be	received by Wednesday, November 29, 20	017 to guarantee your place.	
Name:		Ph	one: ()	
Email Address:			nit:	
Fee for Member	\$15.00 <u> </u>			
Fee for 2 <sup>nd</sup> Member Name			\$15.00	
Fee for 3 <sup>rd</sup> Me	mber Name	@	\$15.00	
Fee for 4 <sup>th</sup> Me	mber Name	@	•	
Other Guests (	(Non-Lodge Members)	Number of guests attending:@	\$15.00	
Make checks payable to: BSA		Total Amount Enclosed		
Send Forms and Fees to:	o: Order of the Arrow		Office Use Only	
	SF Bay Area Council, BSA	Rec. #:	Date:	
	1001 Davis St.	Amount:	Acct: 1-2371-034-00	
	San Leandro, CA 94577-1514		9/201	
Complete this information if paying by credit card				
Name of Cardholder				
		Signature:		
Billing Address of Cardl				
Card Type: VISA or MasterCard Cardholder's Phone Number:				
Card #:		Ex	p. Date:	