

# Achewon Nimat Lodge

## Lodge Banquet

Saturday, December 8, 2018 5:00 P.M.

### Celebrating the 53<sup>rd</sup> Anniversary of Our Lodge Banquet!

*Come out for an evening of Fun and Fellowship as we celebrate the 53<sup>rd</sup> Anniversary of Achewon Nimat Lodge.*



*Help us celebrate the 104<sup>th</sup> Anniversary of the Order of the Arrow.*

Banquet Theme: "Let's Celebrate 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 53 years of cheerful service and fellowship.

There will be tasty appetizers, a great Mexican banquet & dessert.

Join us for Awards, Recognitions, Silent Auction, and a wonderful slide show with many 2018 NOAC 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: [AchieEvents@gmail.com](mailto:AchieEvents@gmail.com).

Questions? For more information contact - Banquet Adviser, Liz Brandon at (925)449-8378.

*(Please print)* **Lodge Banquet - Reservations must be received by Wednesday, Nov. 30, 2018 to guarantee your place.**

Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_  
Email Address: \_\_\_\_\_ Unit: \_\_\_\_\_  
Fee for Member @ \$15.00 \_\_\_\_\_  
Fee for 2<sup>nd</sup> Member Name \_\_\_\_\_ @ \$15.00 \_\_\_\_\_  
Fee for 3<sup>rd</sup> Member Name \_\_\_\_\_ @ \$15.00 \_\_\_\_\_  
Fee for 4<sup>th</sup> Member Name \_\_\_\_\_ @ \$15.00 \_\_\_\_\_  
Other Guests (Non-Lodge Members) Number of guests attending: \_\_\_\_\_ @ \$15.00 \_\_\_\_\_

Make checks payable to: **BSA**

**Total Amount Enclosed** \_\_\_\_\_

Send Forms and Fees to: Order of the Arrow  
SF Bay Area Council, BSA  
1001 Davis St.  
San Leandro, CA 94577-1514

Office Use Only	
Rec. #: _____	Date: _____
Amount: _____	Acct: 1-2371-034-00

9/2018

#### Complete this information if paying by credit card

Name of Cardholder: \_\_\_\_\_ Signature: \_\_\_\_\_  
Billing Address of Cardholder: \_\_\_\_\_  
Card Type:  VISA or  MasterCard Cardholder's Phone Number: \_\_\_\_\_  
Card #: \_\_\_\_\_ Exp. Date: \_\_\_\_\_