



SHS Bandquet Registration Form

DUE BY: May 5, 2021

Student Name:	
Parent Name:	
Email address:	
Phone #:	

PLEASE SUBMIT FORM WITH ALL GUESTS ATTENDING LISTED (INCLUDING STUDENTS)!

Student Name:	\$30 (2021 Seniors \$15)
<input type="checkbox"/> Chicken chasseur, risotto, green beans	
<input type="checkbox"/> Roast sirloin with mushroom demi glace, potatoes, green beans (GF)	
<input type="checkbox"/> Mushroom ravioli w/ sautéed spinach, roasted tomato, and garlic cream sauce (V)	

Guest Name:	\$30
<input type="checkbox"/> Chicken chasseur, risotto, green beans	
<input type="checkbox"/> Roast sirloin with mushroom demi glace, potatoes, green beans (GF)	
<input type="checkbox"/> Mushroom ravioli w/ sautéed spinach, roasted tomato, and garlic cream sauce (V)	

Guest Name:	\$30
<input type="checkbox"/> Chicken chasseur, risotto, green beans	
<input type="checkbox"/> Roast sirloin with mushroom demi glace, potatoes, green beans (GF)	
<input type="checkbox"/> Mushroom ravioli w/ sautéed spinach, roasted tomato, and garlic cream sauce (V)	

Guest Name:	\$30
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<input type="checkbox"/> Roast sirloin with mushroom demi glace, potatoes, green beans (GF)	
<input type="checkbox"/> Mushroom ravioli w/ sautéed spinach, roasted tomato, and garlic cream sauce (V)	

Guest Name:	\$30
<input type="checkbox"/> Chicken chasseur, risotto, green beans	
<input type="checkbox"/> Roast sirloin with mushroom demi glace, potatoes, green beans (GF)	
<input type="checkbox"/> Mushroom ravioli w/ sautéed spinach, roasted tomato, and garlic cream sauce (V)	

TOTAL # GUESTS:		TOTAL \$ INC:		CHECK #:	
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**IF YOU HAVE ANY FOOD ALLERGIES OR SENSITIVITIES AND WOULD LIKE FOR US TO VERIFY WITH THE CHEF THAT YOUR MEAL CHOICE WON'T CONTAIN ANY OF THE ALLERGENS YOU NEED TO AVOID, PLEASE EMAIL MANDYBURKHART@GMAIL.COM

WHEN YOU SEND IN YOUR REGISTRATION FORM/PAYMENT, PLEASE MAKE ALL CHECKS OUT TO "SHS BPA." PLEASE PUT THE FOLLOWING INFORMATION ON THE FRONT OF THE SEALED ENVELOPE: ATTN: BANDQUET, YOUR STUDENT'S NAME, CHECK NUMBER, AND TOTAL AMOUNT INCLUDED