

ALUMNI CLUB Mantorville Theatre Event Reservation Form
ALL RESERVATIONS MUST BE RECEIVED BY October 18th

Member Name: _____

Spouse/Guests Names: _____

Email: _____

Phone Contact (if you do not have email): _____

Handicap Parking Required: Yes_____ No_____

Number of vegetarian plates: _____

Number of gluten-free plates: _____

Ticket Quantity: _____ X \$50 each = \$_____

Mail form with your check made out to:

Rochester IBM Alumni Club
20 1 st Ave NE
Rochester, MN 55906