



Essex Chapter No.894
DINING FORM

Brian Smith
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Where possible please use the online booking form at: <https://www.southessexrosecroix.org.uk/894/dining-request>
If for some reason you are unable to use the online form, please complete this form & return it to the Recorder.

It is my intention to be present at the Meeting of Essex Chapter Rose Croix No.894 on MONDAY 6th NOVEMBER 2023 at CHINGFORD MASONIC HALL, STATION ROAD, CHINGFORD, E4 7AZ

with.....guests, as detailed below.

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I require.....seats for dining at £35.00 each, for which I enclose remittance of £.....
(Cheques payable to **Essex Chapter Rose Croix**).

To Pay by Bank Transfer –

Essex Chapter Rose Croix Sort Code 30-96-94 Account No. 00298419

MENU: - Starter – Broccoli & Stilton Soup

Main Course – Beef Goulash

Desert – Peach Melba

Tea or Coffee.

Cheese & Biscuits option at no extra charge. Please tick box if required ☐

DO YOU HAVE ANY SPECIAL DIETRY REQUIREMENTS?

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BLOCK CAPITALS BELOW PLEASE.

Name.....Degree.....

Address.....

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Tel.No.....Email Address.....

If possible, please seat me with.....

My own Chapter is No.....

PLEASE RETURN THIS SLIP BY **MONDAY 30th OCTOBER 2023**
DO NOT SEND DINING RESERVATIONS TO THE TREASURER

I REGRET I AM UNABLE TO ATTEND ON THIS OCCASION, PLEASE RECORD MY APOLOGIES. I ENCLOSE A
DONATION OF £..... TOWARDS THE ALMS COLLECTION.