



Essex Chapter No.894
DINING FORM

Mark Harrison
59 Palmers Drive,
Grays,
ESSEX

RM17 5RA

Tel: 07733 007051

Email: mark.harrison@intertek.com

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 Assistant Recorder.

It is my intention to be present at the Meeting of Essex Chapter Rose Croix No.894 to be held at Saxon Hall, Aviation Way, Southend-On-Sea, Essex SS2 6UN on Friday 29th May 2026 at 5.00 p.m. with.....guests, as detailed below.

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I require.....seats for dining at £25.00 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 – Minestrone Soup
Main Course – Salmon Fillet with Lemon & Dill sauce,
Sauté Potatoes & Seasonal Vegetables
Desert – Pears in Mead with Rossi Ice Cream
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.....
.....

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

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

My own Chapter is No.....

PLEASE RETURN THIS SLIP BY **FRIDAY 15th May 2026**
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.