



Essex Chapter No.894
DINING FORM

Mark Harrison
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Grays,
ESSEX

RM17 5RA

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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 Assistant Recorder.

It is my intention to be present at the Meeting of Essex Chapter Rose Croix No.894 to be held at Chingford Masonic Hall, Station Road, Chingford, London E4 7AZ on Wednesday 23rd October 2024 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 – French Onion Soup
Main Course – Roast Gammon with Sage & Onion Stuffing
Desert – Apple Pie & Custard
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 SUNDAY 13th October 2024
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.