



DINNER – SATURDAY, JUNE 24, 6:30 PM

\$9.00 per plate



2 Pieces of Fried Chicken

Roll

Mashed Potatoes/Gravy

Iced Tea

Green Beans

Dessert

Name: _____

of Tickets: _____ **Total Amount Enclosed: \$** _____

Please send a SEPARATE check for the dinner.

Checks payable to: SMILE, Inc.

**Mail to: Justine Farrell
27281 Baptist Church Road
Mechanicsville, MD 20659**

Served in the Auditorium

**RETURN THIS FORM/MONEY WITH ENTRY FORMS BY
May 25th**

T- SHIRT ORDER

Participant Name(s): _____ **Size(s):** _____

Child:	Adult:	Adult:
Small - \$12	Small \$12	XXL \$16
Medium - \$12	Medium \$12	XXXL \$16
Large - \$12	Large \$14	
Extra Large \$12	Extra Large \$14	

Please circle appropriate size. Indicate if more than one on a specific size.

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