*Mother Son Dinner*

*Please join us for an evening of food*

*with your son.*

*Thursday May 10th*

*6:30*

*—*

*8:00*

 *p.m.*

*Donna Shepard Library*

*Cost: $10 per plate*

*Dinner includes: Pasta, Salad, Dessert,*

*& Drinks*

——————————————————————————————————————————————————————————— *Please return order form in an envelope marked Mother Son Dinner with cash or check to 1st period teacher or office by Monday May 7th. Make checks payable to Donna Shepard Intermediate School.*

*Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Team: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*# of Dinners: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*Amount Enclosed: $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*