



RESERVATION FORM

for

Ck.# _____]

Date: _____]

Begin Season 64: Meeting, Luncheon, & Program

In the Ballroom at the Lamplighter Restaurant, 6566 William Penn Hwy, Delmont, PA 15626 (724) 461-1031

Monday, September 15, 2025 - 11:00 A.M. (Social time begins) 11:45 A.M. (Dining time)

Deadline is Thursday, *SEPTEMBER 11, 2025*

I/We will Attend _____

First Name

Last Name

Indicate your choice of entrée: #1 Squash Ravioli or #2 Chicken Pot Pie

My guest(s) will be: _____

Choice of entrée: # _____

Choice of entrée: # _____

The meal offerings will be a served meal and with Lamplighter Desserts

Number of attendees @ \$30.00 per meal: _____ Total payment: _____

Although I cannot attend, please accept this contribution to benefit the PSO: _____

**Please send this reservation form and check payable to *Symphony East* by *Thursday, September 11*, to:
Dolores Gallagher, 140 LaVale Drive, Apt. 404, Monroeville, PA 15146**