

**VFW 86<sup>th</sup> & AUX 65<sup>th</sup>**

**DEPARTMENT OF HAWAII STATE CONVENTION**

**June 21<sup>st</sup>, 22<sup>nd</sup> 2024 MEAL ORDER FORM**

**Payable to:**

**VFW DEPARTMENT OF HAWAII**

**Mail to:**

**438 Hobron Lane, Suite 407**

**Honolulu, HI 96815**

F-S	- 06/21-22/2024	Hospitality Room	\$10.00 x _____	= \$ _____
FRI.	- 21 June 2024	LUNCHEON	\$40.00 x _____	= \$ _____
		AWARD BANQUET	\$60.00 x _____	= \$ _____
SAT.	- 22 June 2024	LUNCHEON	\$40.00 x _____	= \$ _____
		ALOHA BANQUET	\$60.00 x _____	= \$ _____
		<b>EXTRA DONATION</b>	\$ _____	= \$ _____
<b>(TOTAL MEAL PACKAGE PER PERSON \$200.00 + )</b>			\$ _____	= \$ _____

TOTAL: HOSP \_\_\_\_\_ LUNCHES \_\_\_\_\_ BANQ. \_\_\_\_\_ DONATION \_\_\_\_\_ \$ \_\_\_\_\_

**DEADLINE: 15 June 2024 (by 12 noon)**

**NON-REFUNDABLE (except: Family emergency)**

NAME: \_\_\_\_\_ POST/AUX.# \_\_\_\_\_

Post / Auxillary / Individual (Non-members)

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_ CELL: \_\_\_\_\_

Name(s): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**OFFICE USE ONLY**

Form of Payment: Cash \_\_\_\_\_ Check# \_\_\_\_\_ Other: \_\_\_\_\_

Amount Received: \$ \_\_\_\_\_ Date Received: \_\_\_\_\_