

District Council Food Court Menu

⌘ Great Food ⌘ No freeway traffic – no waiting ⌘ Lots of space for fellowship

Monday Dinner - \$13.00

BBQ Chicken - grilled & smothered in Honey BBQ Sauce
Salad ♦ Sweet Corn & Green Beans ♦ Bread
Cookie Tray ♦ Carrot Cake

Tuesday Lunch - \$13.00

Southwest Chicken Enchiladas in a special red sauce
Salad ♦ Spanish Rice ♦ Chips & Salsa
Cookie Tray ♦ Berry Short Cake

Tuesday Dinner - \$13.00

Hawaiian Style Roast Pork Loin served Teriyaki style
Salad ♦ Pineapple Rice ♦ Bread
Cookie Tray ♦ Triple Chocolate Cake

Wednesday Lunch - \$13.00

Chicken Lasagna with creamy Alfredo sauce & three cheeses
Salad ♦ Bread
Cookie Tray ♦ Caramel Apple Dumplings

Wednesday Dinner - \$13.00

Brown Sugar Baked Ham with Pineapple
Salad ♦ Cheddar Au gratin Potatoes ♦ Bread
Cookie Tray ♦ Chocolate & Raspberry Mousse Cake

MEAL TICKETS ORDER FORM

Please include this form with your District Council Registration and mail them to the District Resource Center.
NO REFUNDS - NO EXCHANGES

Monday - April 19		# Tickets	Cost	Total
Brunch				
10:00 am	KEEP - Kid's Evangelists, Educators & Pastors (Parlor)		X \$ 15.00 =	
10:00 am	Student Ministries Brunch (Chapel)		X \$ 15.00 =	
Lunch				
12:45 pm	Women's Ministries (Activity Center & Fireside)		X \$ 15.00 =	
Dinner				
4:45 pm	Food Court (Activity Center)		X \$ 13.00 =	
Tuesday - April 20				
Lunch				
11:45 am	Food Court (Activity Center)		X \$ 13.00 =	
12:00 pm	Credentialed Women's (Fireside)		X \$ 13.00 =	
Dinner				
4:45 pm	Food Court (Activity Center)		X \$ 13.00 =	
Wednesday - April 21				
Lunch				
11:45 am	Food Court (Activity Center)		X \$ 13.00 =	
Dinner				
4:45 pm	Food Court (Activity Center)		X \$ 13.00 =	
<input type="checkbox"/> HOLD AT WILL-CALL = FREE <input type="checkbox"/> Mail to me = \$3.00				
TOTAL				

General Information	
Name:	_____
Mailing Address:	_____
City, State Zip:	_____
Phone:	_____
Email:	_____
Payment Information	
<input type="checkbox"/> Check or Money Order (Payable to AGNCN)	
<input type="checkbox"/> Credit Card (Visa / MasterCard only)	
Credit Card Number	_____ - _____ - _____
Expiration Date:	____/____/____
Name of Card Holder (Print):	_____
Signature of Card Holder:	_____
<p>Mail to Me - If you wish to receive your tickets by mail, please indicate on the order form and include \$3 for postage and handling. Ticket orders received after April 9th will be held at will-call.</p> <p>Hold at Will-Call - Any tickets held at will-call will be available for pick-up beginning Monday, April 19th at 9:00 a.m.</p>	
Meal Tickets available online at www.agncn.org	