

Arabian Nights Dinner Theater Salutes the Autism Society of Greater Orlando

*Sunday, September 18, 2011
6:00 PM Show*

*****You must arrive by 5:00 PM*****

*Tickets are \$15.00/person (age 3 years old and above) for members of ASGO.
This price includes gratuity.*

*Tickets are \$20.00/person (ages 3 years old and above) for non-members.
This price includes gratuity.*

*Ticket prices include: admission to the show, parking, meal, sides, cake, and drinks (Unlimited Bud Light Beer & Pepsi products). **other drinks, including wine, are available for purchase before and during the show***

*NOTE: Special meal requests are available **with advance notice only**. Please visit www.arabian-nights.com for a preview of the show. Tickets are sold **non-refundable** with **deadline of August 31st**.*

First & Last Name & ages of all participants: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ E-mail: _____

Number of Tickets: _____ X \$15.00 = _____ (members)

_____ X \$20.00 = _____ (non-members)

Payment method: Cash, checks payable to the Autism Society of Greater Orlando, or Visa/Master Card. Please mail completed forms to:
ASGO 12720 S. Orange Blossom Trail Suite 8 Orlando, FL 32837 or fax to 407-855-5129:

If you wish to charge your tickets, please fill in the information below:

I, _____, hereby authorize the Autism Society of Greater Orlando to charge my credit card number _____ with an expiration date of _____ and v-code _____, for _____ tickets for a total amount of \$_____.

Signature

Meal Choice Form

(Please note that foods are subject to change)

Please put the number of participants who will eat the following:

- ___ Sirloin Steak
- ___ Grilled Chicken Breast
- ___ Chopped Steak with gravy
- ___ Vegetarian lasagna
- ___ Pork Loin with Marsala Sauce
- ___ Chicken Fingers with Mac & cheese
- ___ Chicken Fingers with French Fries

All meals (excluding vegetarian lasagna and children's meal) are served with steakhouse mashed potatoes and seasonal vegetables.

If you have any dietary restrictions or allergies to the food listed, please let us know so that we can request an alternative side dish or dessert. NOTE: we will do our best to accommodate your request; however, it will be based on the food selections available at Arabian Nights.

Dietary Restrictions: _____

Food Allergies: _____

Do you need wheelchair accessibility? (please circle one) Yes No