

Christmas Luncheon

Avalon East Division

Retired Teachers' Association of Newfoundland and Labrador (RTANL)



When: Monday, December 7, 2026
11:30 a.m. – 2:00 p.m.
Lunch served at noon

Where: Holiday Inn
180 Portugal Cove Road, St. John's

Menu: Stuffed Chicken Breast or Vegetarian Option
Dessert
Tea or Coffee

Cost: \$30.00 Members \$35.00 Non-Members

*Please note: we are **NOT** set up for EMT. No cheque is deposited until after the luncheon. If the event is canceled cheques are shredded.*

Contact: Giselle Benoit at gisellebenoit36@gmail.com

Please complete and return the attached form no later than
Friday, November 20, 2026 (FIRM)

Christmas Luncheon Registration Form

Name: _____ Phone Number: _____

E-mail: _____

Note: email will be shared with the Provincial RTANL for communication purposes.

Members may bring a guest:

Cost per person: **\$30.00 Members**

\$35.00 Non-Members

Number Attending: _____ Amount Enclosed: _____

Choose One (for each person): Chicken Dinner _____ or Vegetarian Option _____

Name of Guest(s): _____

Dietary Restrictions: _____

If you did not register with a particular group or school is there an individual (or individuals) you wish to be seated with (if possible)?

_____ Yes _____ No If yes, name(s) _____

Please make cheque payable to: **Avalon East Division – RTANL** and send to:

Giselle Benoit

36 Bellevue Crescent

St. John's, NL

A1E 5T4

Email: gisellebenoit36@gmail.com

Forms due no later than Friday, November 20, 2026 – FIRM

Payment by cheque only, as in the event of cancellation we can shred cheques!

I am over 80

- ☐ will attend alone (Free)
- ☐ will attend with my spouse (Both free)
- ☐ will attend with my guest (Guest \$35.00)

I am over 90

- ☐ will attend alone (Free)
- ☐ will attend with my spouse (Both free)
- ☐ will attend with my guest (Both free)

Christmas Luncheon Group Registration Form

School/Group Name: _____

Tables of 8.

Multiple tables can be reserved

Number In Group: _____

Names of Group Members: _____

Name	Payment	Meal Choice/Dietary Restrictions

Name	Payment	Meal Choice/Dietary Restrictions

Total Amount Enclosed: _____

One cheque per group please – NO CASH

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