

Stonehedge Beacon

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November 2021



Stonehedge Residents Inc.- 39820 US 19 N, Tarpon Springs, FL 34689 – Phone 727.934.7917

Go to: www.stonehedgeonthehill.org
to view the Beacon in color

E-mail: stonehedge3@tampabay.rr.com
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Stonehedge Residents Incorporated

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2nd Vice President..... Tom Tudor (3/2024)
SecretaryTerry Ellingson (3/2024)
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Don Stevens

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Rey Roy, Cliff Thomson

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Activity Committee (SRA)

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Bonny Layton - 2nd ViceChair (12/2023)
Marlene Hall – Secretary (12/2021)
Marcia Hughes – Treasurer (12/2021)
Claren Einfeldt - Member At Large (12/2022)
Nancy Carmack - Member At Large (12/2023)

Stonehedge Beacon Staff

Gus Ayers...gusayers2@gmail.com.....Editor

Stonehedge office.....Advertising

Tony Toscano.....Printing

The Purpose of the Beacon Newsletter shall be to promote social, recreational and Park activities, and to promote relationships and goodwill among residents. The Newsletter shall not include editorials or opinion pieces.

Beacon Distribution

The Stonehedge Beacon is published monthly to keep you posted on Park News and Activities.

The Beacon is available in color electronically at stonehedgeonthehill.org. It will be available in a box placed at the mailboxes and inside the Clubhouse. If you are unable to pick up your copy of the Beacon, we can arrange to have a copy delivered to you.



MANAGER'S KORNER
Tony Toscano
November 2021

Welcome to the Fall Season in Florida – only a possibility of 90's throughout the week. Fall is when you can expect – not necessarily get- a day in the high 80's but the possibility is there when break out the sweatshirts haha.

I have to remind you to be careful on the roads. There are so many people traveling that there is no safe time to pick when there is no traffic. I should not have to tell you not to rush, but for some reason it seems like everyone on the road is doing just that. Zooming in and out of lanes to gain a cars length. Put on some tunes and take your time.

Speaking of the change of seasons, here are my thoughts on the Florida weather for those who say we have no change of season: Summer is shorts and a tank top, fall is shorts and a long sleeve shirt, winter is shorts and a sweatshirt and spring is shorts and a t-shirt. Simple changes for the changes of season.

Around the Park:

Budget Meeting 11/10-Wednesday

City Water Line Project: Drawings are done, and we should have a meeting to do the final review and approval by the time this Beacon comes out

Storm Drain line scope – The camera viewing is done, and we should have met to review any issues by the time this beacon comes out as well

Pressure wash sidewalks – this should be started also by the time this beacon comes out – we will start with a few volunteers and can use more – they will be using the water from around the homes they will be doing – we will make notes of the home usage

Stage expansion- The clubhouse stage will be expanded 7 or so feet wider – this also will be done by volunteers – the wood has been purchased and ready to go

Wells- Please make sure your sprinkler timers are correctly set.

Pool Chaise lounges- done and in use – new colors look great

Pressure washing- we have started to pressure wash the pool area and will continue with sidewalks after that.

Palm Trees – we will be purchasing the palm trees for those who requested replacement shortly – we will see how the install goes with staff to save some \$\$

Front entrance landscape project – Completed – a fresh new look to the front entrance – a great “Thank you” to all those who volunteered and to Cliff Thomson (262) who chaired the project Others who volunteered and put in some sweat equity were:

Darrell Streff (218) Dave Schuyler (150) Terry and Kaye Ellingson (75) Augie Jesse (38) Ruth Noland (8), Don Stevens (256) John Duncan (217), Kevin Wester (66) and Bill and dawn Huffman (19)

I apologize if I missed anyone

Golf Cart update- there have been a few reports recently about golf cart use in the park

- Please STOP at the stop signs – you are under the same rules as a car
- Make sure your lights are ON when driving at dusk or night time
- Any visitors must be 16 years or older to be in the driver's seat
- Don't cut corners short – stay in the same lane as if you were in your car (this goes for bicyclists as well)

NOTICE – Get shot!! Flu shot/Shingles shot/Pneumonia shot and Booster shots

- Walgreens will be at Stonehedge on Thursday 11/10 to administer
- You will need your insurance card the day of
- If you need any, or a combination of, please sign up in the clubhouse prior to
- 2-pg Vaccination sign-up information sheet included in this month's *Beacon*
- We need at least 30 residents to have Walgreens come to the clubhouse

The monthly Tarpon Springs Crime Watch Newsletter is available to be copied. We receive it from the Tarpon Springs Police Dept., officer Anthony Boone, and it is posted monthly on the bulletin board by the guest sign-in area. It's filled with fun things to do around Tarpon as well as crime watch updates.

Homes for Sale -- Great job, all! Homes at Stonehedge have been selling very well in all ranges of pricing.

Unit 78- \$79.5K

A sight may bring you Peace for the moment, but insight will bring you Peace forever

Be kinder than necessary because everyone you meet is fighting some kind of battle

Laugh when you can, Apologize when you should. Do not dwell on what you cannot change, Let go of what you cannot control, Take charge of what you can Make forever moments whenever, Safe travels, love life.

Thank you

Tony

**Join Us For Bingo
Thursdays
At 6:45
Cards Must Be Purchased
By 6:30
And You Must Be 18
or over to Play**



ACTIVITY COMMITTEE

Marlene Hall, Secretary

November 2021

Good day, Everyone! In case you haven't noticed, the snowbirds are filtering in again. I hope this season is a safe one and a fun one too. Can't wait to be there myself to see those smiling faces. Well, here are the events we are excited to share with everyone:

November 3: SRA Meeting

November 6: Pancake Breakfast hosted by Dick Babcock and Bob Purtee. Time: 8:00A – 10: 00A

November 10: SRI Budget Meeting

November 10: Christmas Sale. Donations from you can be taken to the Clubhouse no sooner than Nov. 8. Please do not put items in the Clubhouse until November 8th

November 11: Bingo Cards can be purchased at 5:30P. Play Bingo at 7:00P

November 12: Fall Dance (FREE) Pot Luck Dinner, hosted by Janet Purtee, with "The Beach Billies" for entertainment. Sign-up sheet is on the Clubhouse bulletin board. Pot Luck begins at 5:00P, and entertainment at 6:00P

November 16: "Balance", time: 12:30P – 2:30P, free of charge, Tues and Fri. Sign up on Clubhouse bulletin board

November 24: Decorate the Clubhouse for Christmas. Many volunteers are needed. Time to be announced on the bulletin board.

That's all, Folks! Keep Smiling!

Marlene Hall, Unit # 47

Vaccine Administration Record (VAR)—Informed Consent for Vaccination



Store number: _____ Rx number: _____
Store address: _____

SECTION A Please print clearly.

First name: _____ Last name: _____
Date of birth: _____ Age: _____ Gender: Female Male Phone: _____

I wish to receive text message alerts regarding my prescriptions.

Home address: _____ State: _____ ZIP code: _____ Email address: _____ City: _____

Race: American Indian or Alaska Native Asian Native Hawaiian or Other Pacific Islander Black or African American White
 Other Race _____ Unknown

Ethnicity: Hispanic or Latino Not Hispanic or Latino Unknown ethnicity

Walgreens will send vaccination information from this visit to your doctor/primary care provider using the contact information provided below.

Doctor/primary care provider name: _____ Address: _____ City: _____ State: _____ ZIP code: _____
Phone: _____

I want to receive the following vaccination(s): _____

SECTION B The following questions will help us determine your eligibility to be vaccinated today.

All vaccines

1. Do you feel sick today? Yes No Don't know
2. Have you been diagnosed with or tested positive for COVID-19 in the last 14 days? Yes No Don't know
3. In the past 14 days have you been identified as a close contact to someone with COVID-19? Yes No Don't know
4. Do you have a history of allergic reaction or allergies to latex, medications, food or vaccines (examples: polyethylene glycol, polysorbate, eggs, bovine protein, gelatin, gentamicin, polymyxin, neomycin, phenol, yeast or thimerosal)? Yes No Don't know
If yes, please list: _____
5. Have you ever had a reaction after receiving a vaccination, including fainting or feeling dizzy? Yes No Don't know
6. Have you ever had a seizure disorder for which you are on seizure medication(s), a brain disorder, Guillain-Barré syndrome (a condition that causes paralysis) or other nervous system problem? Yes No Don't know
7. Have you received any vaccinations or skin tests in the past eight weeks? Yes No Don't know
If yes, please list: _____
8. Have you ever received the following vaccinations?
 Pneumonia: Date received _____ Shingles: Date received _____ Whooping cough: Date received _____
9. Do you have any chronic health conditions such as cancer, chronic kidney disease, immunocompromised, chronic lung disease, obesity, sickle cell disease, diabetes, asthma or heart disease? Yes No Don't know
If yes, please list: _____
10. For women: Are you pregnant or considering becoming pregnant in the next month? Yes No Don't know
11. For COVID-19 vaccine only: Have you been treated with antibody therapy specifically for COVID-19 (monoclonal antibodies or convalescent plasma)? Yes No Don't know

For chickenpox, MMR[®] II, shingles, Vaxchora[®], yellow fever only:

Answer the following questions only if you are receiving any vaccinations listed above.

12. Do you have a condition that may weaken your immune system (e.g., cancer, leukemia, lymphoma, HIV/AIDS, transplant)? Yes No Don't know
13. Are you currently on home infusions, weekly injections such as Humira[®] (adalimumab), Remicade[®] (infliximab) or Enbrel[®] (etanercept), high-dose methotrexate, azathioprine or 6-mercaptopurine, antivirals, anticancer drugs or radiation treatments? Yes No Don't know
14. Are you currently taking high-dose steroid therapy (prednisone > 20mg/day or equivalent) for longer than 2 weeks? Yes No Don't know
15. Have you received a transfusion of blood or blood products or been given a medication called immune (gamma) globulin in the past year? Yes No Don't know
16. Do you have a history of thymus disease (including myasthenia gravis, DiGeorge syndrome or thymoma), or had your thymus removed? (yellow fever only) Yes No Don't know
17. Do you have a history of thrombocytopenia or thrombocytopenic purpura? (MMR only) Yes No Don't know
18. Have you consumed any food or drink in the last hour? (Vaxchora[®] only) Yes No Don't know
19. Have you taken antibiotics in the last 14 days or antimalarials in the last 10 days? (Vaxchora[®] only) Yes No Don't know

SECTION C

I certify that I am: (a) the patient and at least 18 years of age; (b) the legal guardian of the patient; or (c) a person authorized to consent on behalf of the patient where the patient is not otherwise competent or unable to consent for themselves. Further, I hereby give my consent to Walgreens or Duane Reade and the licensed healthcare professional administering the vaccine, as applicable (each an "applicable Provider"), to administer the vaccine(s) I have requested above. I understand that it is not possible to predict all possible side effects or complications associated with receiving vaccine(s). I understand the risks and benefits associated with the above vaccine(s) and have received, read and/or had explained to me the EUA Fact Sheet on the vaccine(s) I have elected to receive. I also acknowledge that I have had a chance to ask questions and that such questions were answered to my satisfaction. Further, I acknowledge that I have been advised that the patient should remain near the vaccination location for observation for approximately 15 minutes after administration. On behalf of the patient, the patient's heirs and personal representatives, I hereby release and hold harmless each applicable Provider, its staff, agents, successors, divisions, affiliates, subsidiaries, officers, directors, contractors and employees from any and all liabilities or claims whether known or unknown arising out of, in connection with, or in any way related to the administration of the vaccine(s) listed above. I acknowledge that: (a) I understand the purposes/benefits of my state's vaccination registry ("State Registry") and my state's health information exchange ("State HIE"); and (b) the applicable Provider may disclose my vaccination information to the State Registry, to the State HIE, or through the State HIE to the State Registry, or to any state or federal governmental agencies or authorities ("Government Agencies"), such as state, county, or local Departments of Health or the federal Department of Health and Human Services, the Centers for Disease Control and Prevention, or their respective designees as may be required by law, for purposes of public health reporting, and to my healthcare providers enrolled in the State Registry and/or State HIE for purposes of care coordination. I acknowledge that, depending upon my state's law, I may prevent, by using a state-approved opt-out form or, as permitted by my state law, an opt-out form ("Opt-Out Form") furnished by the applicable Provider: (a) the disclosure of my vaccination information by the applicable Provider to the State HIE and/or State Registry; or (b) the State HIE and/or State Registry from sharing my vaccination information with any of my other healthcare providers enrolled in the State Registry and/or State HIE. The applicable Provider will, if my state permits, provide me with an Opt-Out Form. I understand that, depending on my state's law, I may need to specifically consent, and, to the extent required by my state's law, by signing below, I hereby do consent to the applicable Provider reporting my vaccination information to the Government Agencies, State HIE, or through the State HIE and/or State Registry to the entities and for the purposes described in this Informed Consent form. Unless I provide the applicable Provider with a signed Opt-Out Form, I understand that my consent will remain in effect until I withdraw my permission and that I may withdraw my consent by providing a completed Opt-Out Form to the applicable Provider and/or my State HIE, as applicable. I understand that even if I do not consent or if I withdraw my consent, my state's laws or federal law may permit certain disclosures of my vaccination information to or through the State HIE or to Government Agencies as required or permitted by law. I further authorize the applicable Provider to: (a) release my medical or other information, including any communicable disease (including HIV) and mental health information, to, or through, the State HIE or Government Agencies to my healthcare professionals, Medicare, Medicaid, or other third-party payer as necessary to effectuate care or payment; (b) submit a claim to my insurer for the above requested items and services; and (c) request payment of authorized benefits be made on my behalf to the applicable Provider with respect to the above requested items and services. I further agree to be fully financially responsible for any cost-sharing amounts, including copays, coinsurance and deductibles, for the requested items and services, as well as for any requested items and services not covered by my insurance benefits. I understand that any payment for which I am financially responsible is due at the time of service or, if the applicable Provider invoices me after the time of service, upon receipt of such invoice. Walgreens or its affiliates may contact you, including by autodialed and prerecorded calls and texts, at any time, using the contact information provided in your patient record regarding health and safety matters, such as vaccine reminders.

Patient signature: _____ Date: _____
(Parent or guardian, if minor)

SECTION D

INSURANCE—PATIENT OR AUTHORIZED PERSON TO COMPLETE

Please ensure to record BOTH pharmacy AND medical insurance information since there are multiple ways vaccinations can be billed at Walgreens.

	Pharmacy card	Medical card
Insurance Plan/Plan ID:		
Member/Recipient ID #:		
Rx BIN:		N/A
Rx PCN:		N/A
Group Number:		

Medicare	Medicare Part B
Medicare number:*	
Last 4 digits of SSN:†	

*Number on the red, white and blue Medicare card.
†For insurance confirmation purposes only.

COVID-19 VACCINATION ONLY

If uninsured: I attest that I do not have any medical or pharmacy insurance. Yes

Driver's license/State ID number* (circle one) _____ Issuing state: _____
 *For verification and coverage. Initial here: _____

Healthcare provider only: Individual refused to provide insurance information when I attempted to obtain the insurance information from the individual. Yes

Are you the cardholder? Yes No

If no, please provide cardholder's name, date of birth (MM/DD/YYYY) and relationship:

SECTION E

HEALTHCARE PROVIDER ONLY

Complete BEFORE vaccine administration

- I have reviewed the **Patient Information and Screening Questions**. Initial here: _____
- I have verified that this is the **vaccine requested** by the patient. Initial here: _____
- This vaccine is appropriate for this patient based on the **Age Guidelines** provided by federal and/or state regulations and company policies. Initial here: _____
 3a. Does this patient have a high-risk medical condition? Yes No
 If yes, please list medical condition(s): _____
- I have discussed with the patient additional immunizations the patient may be eligible for based on age and/or health conditions. Initial here: _____
- The **Vaccine NDC matches** the NDC on the bottom of this VAR form and the NDC on the patient leaflet. **(Perform 3-way NDC match.)** Initial here: _____
- I have verified the **Expiration Date** is greater than today's date and have entered the **Lot # and Expiration Date** in the field below. Initial here: _____
- I have made every attempt to obtain and confirm patient insurance information. Initial here: _____

For COVID-19, Shingrix®, MMR® II, Varivax®, YF-Vax®, Menveo®, Imovax®, Vaxchora® and RabAvert®, ensure the vaccine is reconstituted following the package insert's instructions.

SECTION F

Complete DURING the patient interaction

- I have asked the patient to confirm their **Name, DOB and Requested Vaccine** and verified it matches the information on the VAR form. Initial here: _____
- I have reviewed the **Screening Questions** with the patient. Initial here: _____
- I have reviewed the **VIS/Patient Fact Sheet** with the patient. Initial here: _____

SECTION G

Complete AFTER vaccine administration

Vaccine	NDC	Manufacturer	Dosage	Dose # (if applicable)	Site of Administration	Vaccine Lot #	Vaccine Expiration	Diluent Lot # (if applicable)	Diluent Expiration (if applicable)	VIS/Patient Fact Sheet Published Date

Clinician's name (print): _____ Clinician signature: _____ Title: _____

If applicable, intern/tech name (print): _____ Administration date: _____

Date EUA Fact Sheet/VIS given to patient: _____

Notes

Reminder

- Update the patient's record with any new allergy, health condition or primary care provider information.
- Enter vaccine lot #, expiration date and site of administration, then scan the VAR form into the patient's record.

**NOTICE OF INTENT TO BE A CANDIDATE FOR THE
ACTIVITIES COMMITTEE (SRA)**

I (PRINT NAME) _____ **hearby place my name for
nomination as a candidate for the Stonehedge Residents Activity Committee
(SRA)**

The Committee consists of seven (7) members, six (6) elected for a three (3) year Term,
and one (1) elected for a one (1) year term.

There are three (3) positions available for the year _____

PLEASE CHECK 1:

_____ 3-Year term (2 positions are available)

_____ 1-Year Term (1 position is available)

I am the owner of Unit # _____ **Phone #** _____

SIGNATURE _____ **DATE** _____

This document must be received by the "Committee" by December 15th

The ballot will be presented to Residents by December 20th, for the election to take
place at the January meeting



Happy Birthday

NOVEMBER BIRTHDAYS

- 1 - Alice Faye Neinaber
- 2- Lynda Tilley Volz
- 4 - Michael Rockow, Sophia Karabatsos
- 5 - Lonna Anguilm
- 6 - Dick Richards
- 8 - Paul Carraro, Elizabeth Hammons
- 9 - William Hines
- 10 - Bill Fleming
- 11 - William Nash, Deborah Zike
- 13 - Carolyn Deters
- 14 - Gale Perkins, Thomas Berge
- 15 - Barbara Roy, Judith Cunniff, Charles Musa
- 17 - David Sands
- 20 - Audrey Humphrey, Carol Bohling, Shirley Elston, Linda Thralls, Trudy Irvin, Debra Christakis
- 21 - Dan Castagna
- 22 - Gladys Edwards
- 23 - Ruth Noland
- 25 - Kim Jaspers-Fayer, June Leindecker
- 28 - Donald Williams, Thomas Findley
- 29 - Larry Schweizer, Konstantinos "Gus" Christakis



NOVEMBER ANNIVERSARIES

- 3 - Don & Patricia Stevens
- 7 - Douglas & Pauline Stutzman
- 9 - James & Roberta Marsh
- 15 - Bill & Anne Fleming
- 17 - Pat & Beryl Curtis,
- 19 - Dick & Susan Elton, David & Linda Phillips,
- 20 - William & Susan Hibbs
- 26 - Delbert & Karen Conley
- 29 - Gary & Elizabeth Barth



THANKS TO THE VOLUNTEERS

Thank you to Don Stevens for working so hard on your hands and knees patching all the cracks on the shuffleboard courts! Also, thank you to all the men that help clean the courts to get them in top shape for waxing; Augie Jessie, Larry Davis, Don Stevens, Jim Nienaber, Rick Carmack, Dan Kingsland, Darrell Streff, and Dick Elton! We are so lucky to have so many volunteers here in the park!

Jeanne Price, Unit # 214



Genealogy workshops with Owen Dunstall will resume in December. Watch this space!



*Our Deepest
Sympathy*

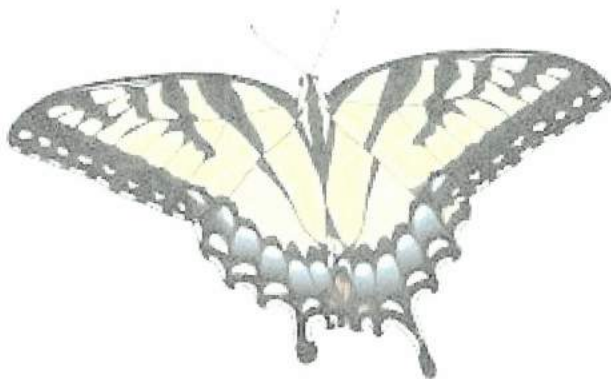
***Our Heartfelt Condolences go out
to the families and friends of lost
loved ones:***

Bill Walpole



**October
HOSPITALIZATIONS**

Jeannita Cadoret



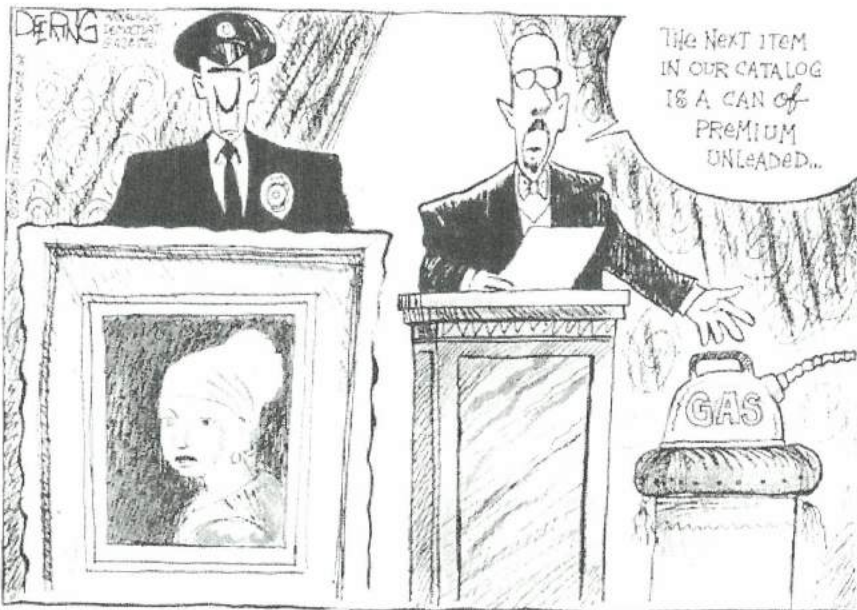
THANKS

Many, many thanks to all of our friends and neighbors at Stonehedge who sent along their warm condolences in the way of phone calls, e-mails, and cards to me and our family after my husband Jim Wood passed away recently. We really appreciated it, and your support means so much to us.

Janis Wood, Unit # 79

Humor From The Great White North

Submitted By Lynn Dunstall, Unit# 76



4	9						1
			6		1	3	4
1	3		2	9		6	5
2	5		9			7	
		1				5	
		9			6		1 2
	1	2		4	7		3 5
9		3	1		5		
8							2 7

1sudoku.com

n° 13598 - Level Easy

			5	6	2	1	8	
		3			4	6	2	
	2	8		1	9			5
4		5					1	
	3					5		8
3			8	5		2	7	
	5	2	1			8		
	6	4	2	9	7			

1sudoku.com

n° 1845 - Level Easy

Sudoku For November

	6	2		7				4
	9			4			5	
1	4				9			8
	1			2			6	7
	2	6	7		5	3	8	
7	5			9			2	
9			6				3	5
	8			3			9	
2				5		8	4	

	2		7				9	
		8	9	2		7	1	5
	9					2	6	8
				9	1	8		
			4		5			
		9	6	3				
3	5	7					2	
9	6	2		5	7	3		
	4				2		5	

FOR ALL THINGS AROUND THE HOME

"A" PLUMBER	656-0002
AFFORDABLE GOLF CARTS	819-1405
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ANCLOTE AIR COND & Heating	944-2641
BAY AREA APPLIANCE	817-1456
BUTLER PLUMBING	236-2452 or 236-2257
COMMUNITY ROOFING	800-511-2517
COMPUTER GAL	916-7680
ED'S ALUMINUM CENTER	943-7711
FLORIDA ANCHOR & BARRIOR	237-6772
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MITCHELL SIDING	586-6315
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PHD AUTOMOTIVE	945-7463
SLM Southern Landscape Materials	942-1919
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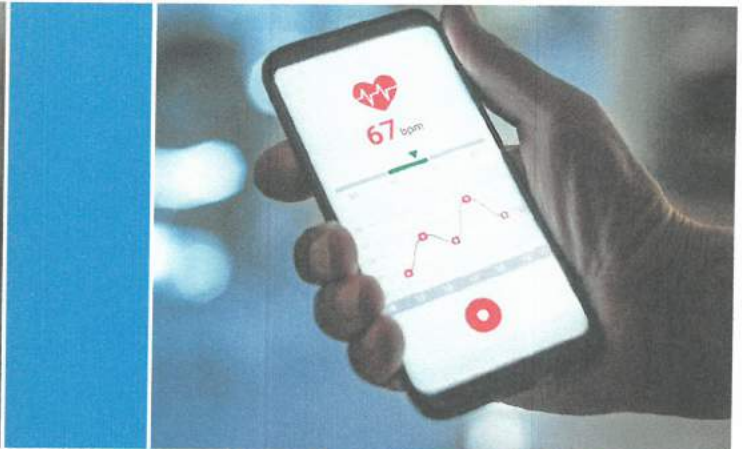
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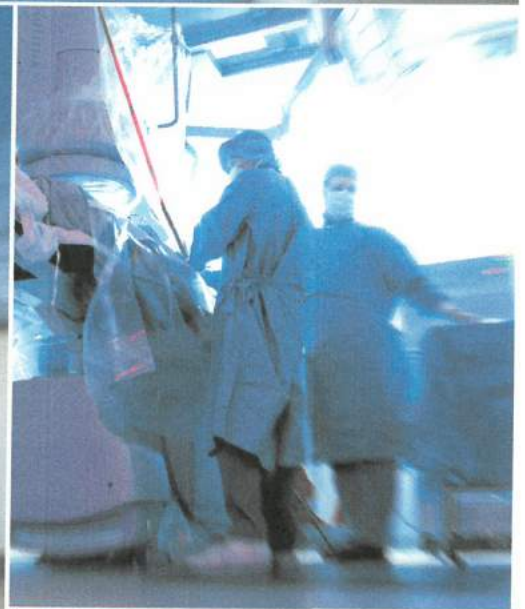
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100,000 times a day.



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Hours: Monday – Friday, 8a – 4p

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'Walk-ins' always welcome!

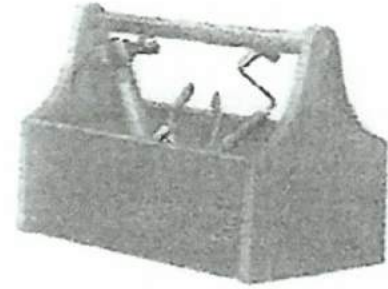
Stylists: Dody, Kathy & Dawn

We wish to thank the residents of
Stonehedge for another successful year!

727-934-8989

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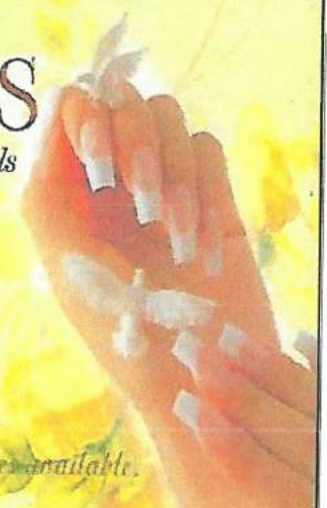
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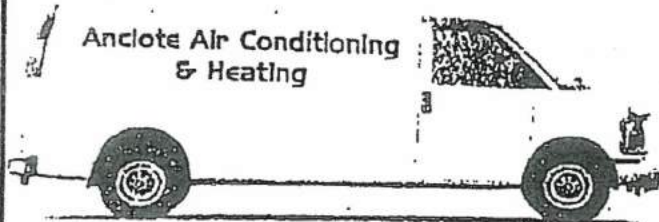
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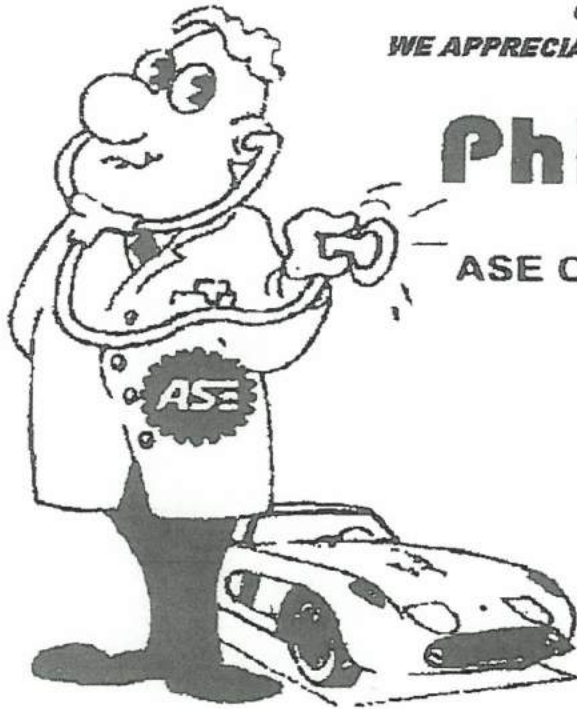
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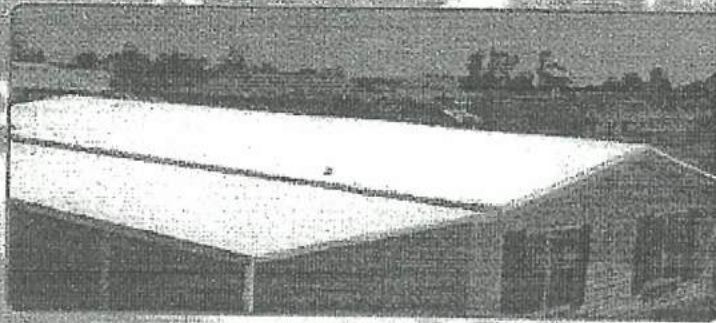
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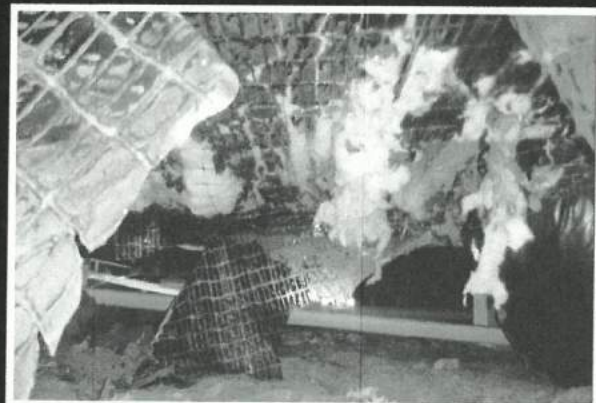
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November 2021

Stonehedge Calendar

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
	1 9 SRA Agenda Mtg 9:30 Craft Club	2 10 Line Dancing 1 Hand & Foot 1 Bridge	3 8:30 Coffee and... 9 SRA Board Mtg.	4 12 Bowling 1 Hand & Foot 4 Thirsty Thursday 6 Men's Poker	5 6:30 Pinochle	6 8 Pancake Brkfst 7 Pepper
7	8 9:30 Craft Club 6:30 Shuffle Practice	9 10 Line Dancing 1 Hand & Foot 1 Bridge	10 8:30 Coffee and... 9 SRI Budget Mtg	11 12 Bowling 1 Hand & Foot 4 Thirsty Thursday 6 Men's Poker	12 5 Fall Dance 6:30 Pinochle	13
14	15 9:30 Craft Club 6:30 Shuffle Practice	16 10 Line Dancing 1 Hand & Foot 1 Bridge	17 8:30 Coffee and... 1:30 Art Class 6:30 Shuffle Practice	18 12 Bowling 1 Hand & Foot 4 Thirsty Thursday 6 Men's Poker	19 9 SRI Agenda Mtg	20
21	22 9:30 Craft Club 6:30 Shuffle Practice	23 10 Line Dancing 1 Hand & Foot 1 Bridge	24 8:30 Coffee and... 9 SRI Meeting 6:30 Shuffle Practice	25 Thanksgiving 1 Hand & Foot 6 Men's Poker	26 6:30 Pinochle	27 7 Pepper
28	29 9:30 Craft Club 6:30 Shuffle Practice	30 10 Line Dancing 1 Hand & Foot 1 Bridge				