

Reservation Form
60th Anniversary Gala

Name

Address

City/ State

Zip

Contact number

Email

TICKETS

Donation:

\$125 General 18+

\$85 Children 6-17

\$50 Under 5

Table of 10

Names of each guest

1. _____

Adult Child U5

Repeat Thru

10. _____

TOTAL _____

Or

Individual tickets

Names of each guest

1. _____

Adult Child U5

Repeat Thru

10.....

TOTAL: _____

If there are other Individual Guests you'd like to be seated with, please write their names below and we'll do our best to seat you together.

1.....

2.....

Repeat thru 10

UNDERWRITING

We would like to invite you to be a sponsor at our event. The underwriting donation is \$250. All sponsors will be listed in the Gala program. We greatly appreciate your donation!

Ticket total: \$ _____

Sponsorship: \$ _____
(Optional)

Grand total: \$ _____

Thank you and we look forward to seeing you there!

Last modified: 1:27 PM