

# *The Catholic High School of Baltimore* invites you to our Starry Night Gala!



## Reservation Form

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First Name	Last Name	(Maiden Name if Alumna)	Year Graduated
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Street Address	City	State	Zip Code
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E-mail Address	Phone Number
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..... **Ticket Information**.....

- ☐ Please reserve \_\_\_\_ ticket(s) at \$80 each  
☐ Please reserve \_\_\_\_ table(s) at \$800 per table  
☐ Unfortunately, I will not be able to attend the *Gala* but enclosed is my contribution of \$\_\_\_\_

..... **Payment Information**.....

- ☐ Enclosed is my check for \$\_\_\_\_\_  
☐ Credit Card Payment: (please circle one)      Visa      Master Card      American Express  
Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ Billing Zip Code: \_\_\_\_\_  
Signature: \_\_\_\_\_

..... **Seating**.....

I would like to sit with \_\_\_\_\_

I am purchasing tickets for a full table (10 Tickets) and would like the following guests seated with me.

For bidding purposes, the names of attendees are required.

_____	_____	_____	_____	_____
_____	_____	_____	_____	_____