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

A Taste of Tuscany

CATHOLIC HIGH GALA 2023

Reservation Form

First Name Last Name (Maiden Name if Alumna) Year Graduated

Street Address City State Zip Code

E-mail Address Phone Number

Ticket Information

- ☐ Please reserve _____ ticket(s) at $100 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 (8 Tickets) and would like the following guests seated with me.
For bidding purposes, the names of attendees are required.

_____ _____ _____ _____

_____ _____ _____ _____