

The Catholic High School of Baltimore invites you
to our Spring Celebration



Reservation Form

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 \$50 each
- Please reserve ____ table(s) at \$300 per table
- Unfortunately, I will not be able to attend the Spring Celebration 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 (6 Tickets) and would like the following guests seated with me.

For bidding purposes, the names of attendees are required.
