

The Catholic High School of Baltimore presents...

THE JEWELS OF BALTIMORE Gala

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 \$75 each
Please reserve ___ table(s) at \$750 per table
Unfortunately, I will not be able to attend The Jewels of Baltimore 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: _____

Please Fax completed form to (410) 732-7639 or mail to TCHS: Gala 2016 2800 Edison Hwy, Baltimore, MD 21213

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 purpose, the names of attendees are required.

Blank lines for listing guest names.