

The Catholic High School of Baltimore presents...



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 (\$85 each after October 1)
- Please reserve _____ table(s) at \$750 per table (\$850 after October 1)
- Unfortunately, I will not be able to attend **The Miracle on Edison Highway 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 2017 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.
