



You Make A Difference

KINDLY RESPOND BY FRIDAY MARCH 13, 2020

Name _____

Address _____

Cell No. _____

E-Mail _____

☐

NUMBER OF RESERVATIONS _____ @ \$75.00/PERSON \$ _____

PLEASE LIST NAMES OF THOSE AT YOUR TABLE ON THE BACK OF THIS CARD.

☐

I AM UNABLE TO ATTEND BUT WISH TO MAKE A DONATION \$ _____

PLEASE MAKE CHECKS PAYABLE TO CENTRAL CATHOLIC HIGH SCHOOL.

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I AM UNABLE TO ATTEND BUT WOULD LIKE INFORMATION ON MOBILE BIDDING.

TOTAL ENCLOSED \$ _____



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LIST THE FIRST & LAST NAMES OF THE PREFERRED TABLE MATES (8 MAX)
CHECK THE BOX OF THOSE PERSONS REQUESTING THE VEGETARIAN MEAL

- | | | |
|----|-------|--------------------------|
| 1. | _____ | <input type="checkbox"/> |
| 2. | _____ | <input type="checkbox"/> |
| 3. | _____ | <input type="checkbox"/> |
| 4. | _____ | <input type="checkbox"/> |
| 5. | _____ | <input type="checkbox"/> |
| 6. | _____ | <input type="checkbox"/> |
| 7. | _____ | <input type="checkbox"/> |
| 8. | _____ | <input type="checkbox"/> |