

# ATHLETIC HALL OF FAME BANQUET

## RESERVATION CARD

SATURDAY, JANUARY 27, 2018

Please respond no later than January 19, 2018

I/we wish to purchase the following:

\$5,000 TITLE Sponsor - One Table for Ten Guests \$ \_\_\_\_\_

\$1,000 SCARLET Sponsor - One Table for Ten Guests \$ \_\_\_\_\_

\$750 SILVER Sponsor - One Table for Ten Guests \$ \_\_\_\_\_

\$55 Per Person \$ \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

I/we prefer a vegetarian dinner.

Make checks payable to Palomar College Foundation

Please bill my:  Visa Card  MasterCard  American Express

Card Number \_\_\_\_\_ Exp. Date \_\_\_\_\_

Signature \_\_\_\_\_

*I cannot attend, but enclosed is my contribution to  
the Athletic Hall of Fame for \$ \_\_\_\_\_.*

For more information, call Palomar College at (760) 744-1150, ext. 2460.

PLEASE LIST YOUR GUESTS ON THE REVERSE SIDE

Reservations will be held at the door. Federal Tax ID#—95-6094128

## RESERVATION GUESTS

Please list the first and last names of each attendee.

Couples may be listed together on one line.

Name (Mr./Mrs./Ms.) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Name (Mr./Mrs./Ms.) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Name (Mr./Mrs./Ms.) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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Address \_\_\_\_\_

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Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Name (Mr./Mrs./Ms.) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_