

AMBS Big Event Casino Night 2016 RSVP

Name: _____

Address: _____

Telephone: _____

Email: _____

I/We would like to reserve _____ (#) tickets at \$100 per person.

Payment information (check applicable):

Check enclosed (payable to AMBS HAP) \$ _____

Visa MC Amex Card # _____

Exp Date _____ Zip Code _____ CVC Code _____

Signature _____

Please use this card for Express Checkout. (Details on school website.)

I/We are unable to attend but wish to support the auction with a donation of \$ _____

I/We would like to donate \$ _____ towards subsidizing one of the teacher's tickets.

Please sit me with the following people (table size 10 or 12 max)

1. _____ 2. _____

3. _____ 4. _____

5. _____ 6. _____

7. _____ 8. _____

9. _____ 10. _____