

Bergenfield Athletic Hall of Fame
Dinner Reservation Form
March 7, 2013- 7pm
Seasons Restaurant
644 Pascack Rd
Washington Township, NJ 07675

Name _____ Phone _____
Address _____
Email address _____

Honorees and Team honorees are guests of the Hall of Fame. All others must purchase a ticket.

Number of Tickets _____ @ \$75.00 Total _____
Names _____,
_____, _____
Additional guests ...please list on back of this form.

I/WE would like to sit with _____
(Every effort will be made to accommodate your request. However, this is not always possible.)

Please make check payable to: **Bergenfield Athletic Hall of Fame**

Mail or email this form to: Ms. Jo Taglieri
Bergenfield Athletics
80 S. Prospect Ave
Bergenfield, NJ 07621

Check must accompany reservation. Ticket sales close on **March 1, 2013**
Any questions, please call the athletic office at 201-385-8876

Thank you!

Tom Curry
Director of Athletics, Bergenfield HS

For office use only – check # _____ Date received _____
Tickets mailed on _____ or Picked up _____
Signed _____ Ticket(s) #(s) _____