

**SCSD EDUCATIONAL FOUNDATION 10TH ANNIVERSARY BREAKFAST
MARCH 23, 2013 8:00-10:30 AM at the ONCENTER**

Table and Guest Reservation Form

Contact: _____

Company: _____

Address: _____

City: _____ State: _____ Zip: _____ Phone _____

Email Address: _____

GENERAL RESERVATIONS:

_____ Guests @ \$50 ea. _____ Table(s) @ \$450

SPECIAL RATES FOR SCSD SCHOOLS: *(Administrators, Teachers, Staff, PTO's and Students)*

_____ Guests @ \$35 ea. _____ Table(s) @ \$350

GUEST NAMES: *(Please Note: We do not issue paper tickets, but check people in and assign tables when they arrive).*

- | | |
|----------|-----------|
| 1. _____ | 6. _____ |
| 2. _____ | 7. _____ |
| 3. _____ | 8. _____ |
| 4. _____ | 9. _____ |
| 5. _____ | 10. _____ |

(Please use additional sheet if needed)



TOTAL AMOUNT ENCLOSED: \$ _____

CHECK NUMBER: _____ DATE _____

Please make checks payable to **SCSD Educational Foundation**
and remit with this form to **9827 DestinyUSA Drive, Syracuse, NY 13290**
no later than **MARCH 8, 2013.**

Thank you for your Support!