

CHEER! 2009
TOUR DE FRANCE!
Une Soirée sous Le Dôme!



RESERVATIONS

**Please feel free to make your reservations for Holy Names Academy CHEER! 2010 now!
 Reservations deadline is Friday, March 19, 2010**

This year's event takes place on Saturday, March 27, at 5 p.m. in the McAteer Lee Gymnasium at Holy Names Academy. It's sure to be an evening of top-notch entertainment and great bidding!

Name _____

Address _____

City _____ State _____ ZIP _____

Telephone number(s) _____

E-mail: _____

Please check all that apply:

- | | |
|---|-------------------------------|
| <input type="checkbox"/> Parent | Daughter's Class _____ |
| <input type="checkbox"/> Parent of Alumna | Daughter's Class _____ |
| <input type="checkbox"/> Grandparent | Granddaughter's Class _____ |
| <input type="checkbox"/> Alumna | Maiden Name _____ Class _____ |
| <input type="checkbox"/> Friend of HNA | |

RESERVATION CATEGORIES

Individual Reservations

- | | | | |
|-------------------------------------|----------|------------------|------------|
| <input type="checkbox"/> Guest | _____ at | \$ 85 per person | = \$ _____ |
| <input type="checkbox"/> Patron | _____ at | \$100 per person | = \$ _____ |
| <input type="checkbox"/> Benefactor | _____ at | \$150 per person | = \$ _____ |

Table Reservations (table seats 10)

Please reserve a table in my name:

- | | | |
|---|--------|------------|
| <input type="checkbox"/> Guest Table | \$ 850 | = \$ _____ |
| <input type="checkbox"/> Patron Table | \$1000 | = \$ _____ |
| <input type="checkbox"/> Benefactor Table | \$1500 | = \$ _____ |

Total payment due \$ _____

PAYMENT METHODS

Check enclosed, payable to HNA, marked "Auction Reservations"

Please charge my reservations to: MasterCard VISA Discover Card

Account Number _____ V Code (Security code on back of card) _____

Expiration Date _____ Signature _____

SEATING PREFERENCES

Please reserve a table in my name; my guests are listed below.

Please seat me with those listed below.

Please seat me at a table for the current HNA Grade (circle one): 9 10 11 12

Please seat me at an alumnae table with the Class(es) of _____.

The following information ensures that your guests will receive a catalog prior to the event.

Name(s) _____

Address _____

City _____ State _____ ZIP _____

Name(s) _____

Address _____

City _____ State _____ ZIP _____

Name(s) _____

Address _____

City _____ State _____ ZIP _____

Name(s) _____

Address _____

City _____ State _____ ZIP _____

Number of vegetarian meals requested _____

Please return this form with your payment to:

CHEER! 2010
Holy Names Academy
728 21st Avenue East
Seattle, WA 98112

OR

Call: (206) 720-7808

Fax: (206) 323-5254

E-mail: mpepper@holynames-sea.org

Questions? Please contact the CHEER! Auction Office:

Margy Pepper '74 (206) 720-7808 mpepper@holynames-sea.org

Mary Pennylegion '81 (206) 720-7809 mpennylegion@holynames-sea.org

THANKS SO MUCH!