

RESERVATION FORM

No paper tickets will be printed. Tables seat 10.

Name: _____

Address: _____ City, State, Zip: _____

E-mail: _____ Phone: _____

No. of People: _____ Total Enclosed: _____ (\$65/person before January 20 - \$75/person after January 20)

Names of Attendees:

1. _____ 5. _____ 9. _____

2. _____ 6. _____ 10. _____

3. _____ 7. _____

4. _____ 8. _____

Make checks payable to: Mount Prospect Special Events Commission. Mail to: Special Events, P.O. Box 69, Mount Prospect, IL 60056
Ticket DEADLINE January 30