Reservation Form

THIS FORM IS <u>ONLY</u> FOR INDIVIDUAL AND TABLE RESERVATIONS. TO BE A CORPORATE SPONSOR PLEASE USE OTHER LINK AND SPONSOR FORM. THANK YOU.

Contact Name (please prin	t):	
Company		_
Address:		
City:	State:	Zip:
Office Phone	Mobile Phone	
	e used to support education grants for projects in Syracuse and above the value of the event, your contribution is tax de	
	Table of Eight	\$500
_	_ Guest Tickets	665 / each
Guest Names: (requir	ed)	
1	5	
2	6	
3	7	
4	8	
Guest names	Please note that we <u>do not</u> issue paper tick are required in advance and will be checked in and a	
Amount Enclosed: \$	Check Number #	
Authorization Signature _		Date

Individual and Table RSVP Deadline: March 9, 2020

Please make checks payable to : SCSD Educational Foundation
Mail to: SCSD Educational Foundation • Attention: Jan Quitzau
PO Box 9827 • Syracuse, NY 13290

For more information, contact Jan Quitzau, Foundation Administrator 315.391.0259 / jquitzau@scsdfoundation.org