

Name: _____
Preferred Name: _____
Address: _____

Phone: _____
Email: _____



YES, OF COURSE I AM ATTENDING!

<input type="checkbox"/> Individual Ticket: \$180	<input type="checkbox"/> Table of Ten \$1,800	\$ _____
<input type="checkbox"/> VIP Table of 10 \$2,300		\$ _____

I'D LIKE TO HELP!

<input type="checkbox"/> I cannot attend, but would like to make a donation		
In Honor of: _____		\$ _____
<input type="checkbox"/> I would like to sponsor a teacher to attend:		
I# of ticket(s) _____ x \$180=		\$ _____

Order tickets online at: www.FOSCPA.org/Sapphire OR return this by mail to:
Friends of SCPA, 2425 Dusk Drive, San Diego, CA 92139 Attn: Sapphire Benefit

MY CHECK IS ENCLOSED IN THE AMOUNT OF: _____

CREDIT CARD #:

EXPIRATION DATE :

CVV:

Name on Card

Signature