



**COSUMNES RIVER COLLEGE  
ATHELETIC HALL OF FAME**  
DINNER & INDICATION CEREMONY

Please reserve \_\_\_\_\_ tickets at \$45 each, for a total of \$\_\_\_\_\_.

*List names on back of card.*

I cannot attend but would like to contribute \$\_\_\_\_\_ to the  
Cosumnes River College Athletic Hall of Fame.

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NAME

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ADDRESS

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CITY

STATE

ZIP

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PHONE (DAY)

(EVE)

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EMAIL

**PAYMENT OPTIONS:**

My check is enclosed for \$\_\_\_\_\_ (*payable to CRC Athletic Hall of Fame*)

Please bill my credit card:  Visa     MasterCard

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CARD NUMBER

EXPIRATION

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CARD HOLDER SIGNATURE

**PLEASE RSVP BY OCTOBER 26, 2009**

*Please return to: Cosumnes River College  
8401 Center Parkway, Sacramento, CA 95823  
Attn: Jeanne Calamar*



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NAME

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NAME

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