



COSUMNES RIVER COLLEGE ATHELETIC HALL OF FAME DINNER & INDICATION CEREMONY

Please reserve _____ tickets for adults at \$50 each AND/OR _____ tickets for children (12 & under) at \$25 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 Program.

NAME

ADDRESS

CITY

STATE

ZIP

PHONE (DAY)

(EVE)

EMAIL

PAYMENT OPTIONS:

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

Please bill my credit card: Visa MasterCard

CARD NUMBER

EXPIRATION

CARD HOLDER SIGNATURE

PLEASE RSVP BY OCTOBER 26, 2010

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



	CHICKEN	STEAK	PENNE PASTA
NAME	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NAME	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NAME	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NAME	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NAME	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NAME	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NAME	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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