

# Spirit of America

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone ( ) \_\_\_\_\_

Please reply by April 10, 2010. Please list the names of individuals with whom you would like to be seated, if you have a preference, on the reverse side of this form. (Because alcohol will be served, we discourage attendance by individuals under the age of 21.)

Please reserve \_\_\_\_\_ tickets at \$35 each  
I will be unable to attend, but wish to make a donation of \$ \_\_\_\_\_  
Please make checks payable to St. Xavier School.



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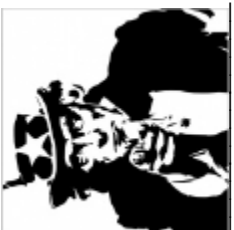
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Scating Request

1. \_\_\_\_\_
2. \_\_\_\_\_
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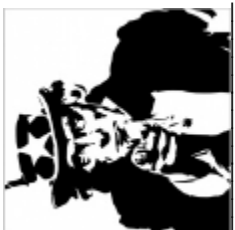
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