

Please return this card by October 29, 2011

Name _____

Please print first and last name, or full corporate name.

Address _____

Phone _____ Email _____

Park Avenue \$750_____

Admission for 10, reserved table with premier seating. Free dress day for each child per family. Select wine at table. One raffle ticket per person for an exclusive drawing. **(Please include names of guests for your table on the back of this card)*

SOHO \$60 *(please check only one)*

General Seating

Check here if you would like to sit at your child's class table. *(grade)*_____

Donation: I cannot attend, but enclosed is my donation of: \$_____

**Please contact Maggie Neal with any questions (813)215-8767.
To charge tickets contact the school business office at 880-0240.
Make Checks Payable to IPHSA.**

First & Last Name



