



“90TH ANNIVERSARY GALA”



LOS ANGELES

RESERVATION / SPONSOR FORM

(Buffet Luncheon with Appetizers)

NAME	BRANCH #	PHONE NUMBER

Total # of Reservations _____ x **\$40.00.**
 Total # of Reservations _____ x **\$15.00.**
 Total # of Late Reservations (after June 20, 2014) _____ x **\$45.00.**
 Sponsorship (Table of 8) _____ x **\$420.00.**
 Donation as a Sponsor _____.
 A check is enclosed in the amount of _____.

Branches WILL NOT be seated together unless requested. Please submit seating requests with names on the reservation form.

Please mail this form and your check, payable to Italian Catholic Federation, no later than Friday, June 20, 2014 to:

Italian Catholic Federation
8393 Capwell Drive, Suite 110
Oakland, CA 94621

Please contact Pat Mages at (805) 428-4623 or pat.lou.mages@gmail.com if you have any questions.