



YOU ARE CORDIALLY INVITED

TO THE
NAPA HIGH ATHLETIC HALL OF FAME AWARDS DINNER

OCTOBER 13, 2017
EMBASSY SUITES HOTEL NAPA VALLEY

No-host cocktail reception: 5:30pm
Dinner & Awards: 7:00pm

**The 22nd Annual Napa High Athletic Hall of Fame Awards Dinner
will celebrate our newest inductees:**

DON MCCONNELL **BILL MERRELL** **BRENT FARRIS** **MICHAEL YANOVER**
Class of 1964 Class of 1982 Class of 1991 Class of 2002

Scholarship Recipients
CADEN CORTESE
PEYTON MOTT

ENTRÉES (\$70.00)
Herb Crusted Chicken Seared Salmon Vegetable Napoleon
CHILD'S PLATE - CHICKEN TENDERS/FRENCH FRIES (\$20.00)

YES, I plan to attend. Dinner payment: \$_____
(please enclose a check or complete the below form for credit card charges)

**I would also like to make a tax deductible donation to the
NHS Athletic Hall of Fame Scholarship Fund.**
Donation amount: \$_____

**NO, I do not plan to attend, but I would like to make a tax deductible donation to
the NHS Athletic Hall of Fame Scholarship Fund.**
Donation amount: \$_____

RESERVATION INFORMATION

Name: _____ **Phone:** _____

Address: _____ **City/Zip:** _____ **Email:** _____

Seating will be in tables of eight. Tickets & table assignments will be at the reception desk the night of the event.

Guest Name (for nametag)	Dinner Choice	Guest Name (for nametag)	Dinner Choice
1. _____	_____	5. _____	_____
2. _____	_____	6. _____	_____
3. _____	_____	7. _____	_____
4. _____	_____	8. _____	_____

If you have a seating preference, please note below.

Return reservation form and payment by October 6, 2018 to:
NHS Athletic Hall of Fame Foundation | 1880 Sutter Court, Napa, CA 94559
PLEASE FILL OUT COMPLETELY FOR CREDIT CARD CHARGE

Name on Card _____ **Credit Card Number** _____

Total to be charged \$ _____ **Billing Zip Code** _____ **Card Expiration** ____/____ **CVV** (3 digits on back of card) _____

Signature _____ **Phone Number** (____) ____ - ____