



You are cordially invited

NAPA HIGH SCHOOL ATHLETIC HALL OF FAME AWARDS DINNER

SATURDAY OCTOBER 12, 2019

Cocktails 5:30 Dinner 7:00

EMBASSY SUITES HOTEL, 1075 CALIFORNIA BLVD., NAPA

Come help us celebrate our five new members at our 23rd annual dinner!

JILLIAN IMRIE

Class of 1998

SCOTT RUGGIERO

Class of 1998

JOE LEMASTERS

Class of 2003

Special Category

BOB CHANCE

DON INGLIS

Scholarship Recipients - ALEXANDER (MAX) ALFARO and SOFIA BRANDON

ENTRÉES (\$70.00)

Chicken Salmon Vegetarian

CHILD'S PLATE - CHICKEN TENDERS/FRENCH FRIES (\$20.00)

YES, I plan to attend. Dinner payment: \$_____

(Please enclose a check or complete the form below 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.

Table with 4 columns: Guest Name (for nametag), Dinner Choice, Guest Name (for nametag), Dinner Choice. Rows 1-4.

If you have a seating preference, please note below.

Return this form and payment by OCTOBER 5, 2019 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: _____