



SJND Crab Feed and Auction Fundraiser

Saturday, February 6, 2010

Name _____

Phone _____

Email _____

Address _____

City _____

Zip _____

Attending *(please note: guests must be 18 or over):*

of Persons _____ x \$55 = \$ _____

of Pilot Tables* _____ x \$800 = \$ _____

*Pilot Table includes: Dinner for 10, linens, silverware, two servers, and premium wine.

Payment for all party members must accompany your reservation. Please fill out the form on the **back of this card** with information about your guests. If you have more than 10 guests, please attach a separate piece of paper.

Donation: *I am unable to attend, but I wish to support the students.*

Enclosed is my tax deductible donation of = \$ _____

Total Amount enclosed = \$ _____

Payment:

Enclosed is my check for \$ _____ (payable to SJND)

Charge my Mastercard/Visa for \$ _____ Expiration Date _____

Card Number _____

Security Code _____

Signature _____

Please return RSVP to: SJND Crab Feed, 1011 Chestnut Street, Alameda, CA 94501.

Registration Form—Please Return by January 8, 2010

Please list each member of your party to help accomodate seating preferences.

Name _____

Address _____

Phone _____ Email _____

Name _____

Address _____

Phone _____ Email _____

Name _____

Address _____

Phone _____ Email _____

Name _____

Address _____

Phone _____ Email _____

Name _____

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