

# 2017 ANNUAL MBSEF SNOWBALL

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

\$100 per person x \_\_\_\_\_ \$ \_\_\_\_\_

I would like a corporate table of 8, 9, or 10 (\$100 per person) \$ \_\_\_\_\_

I would like to sponsor a Coach \$85x \_\_\_\_\_ \$ \_\_\_\_\_

I cannot attend and would like to make a donation \$ \_\_\_\_\_

Enclosed is my check for \$ \_\_\_\_\_ payable to MBSEF.

60% of your ticket or table is tax deductible. | Tax ID Number is 93-0846112.

Please respond by November 3, 2017.

Please list the names of your guests or other persons with whom you would like to be seated (tables may seat 8-10 people):

Please circle corresponding letter for entrée selection.

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