

**Arlington Christian School
Football Benefit Extravaganza
Reservation Form**

Sponsor Level:

Gold Sponsor Table - \$2,500 ____

Silver Sponsor Table - \$1,500 ____

Individual Seating:

Reserved Priority Seating: Please reserve ____ ticket(s) at \$125 each.

Only 60 seats available

General Seating: ____ ticket(s) at \$100 each.

Unable to Attend:

I am unable to attend, but would like to make a contribution in the amount of \$ ____.

Silent Auction:

I have an item(s) or service that I would like to donate for the silent auction. Please contact me for more information Phone # _____.

Payment Information:

____ Check enclosed (make payable to ACS)

____ On-line Credit Card (please see website for details)

Phone # _____

Names of Guests

Gold Table - (4) tables available, each seats 8 guests.

- | | |
|----------|----------|
| 1. _____ | 2. _____ |
| 3. _____ | 4. _____ |
| 5. _____ | 6. _____ |
| 7. _____ | 8. _____ |

Silver Table - (4) tables available, each seats 10 guests.

- | | |
|----------|-----------|
| 1. _____ | 2. _____ |
| 3. _____ | 4. _____ |
| 5. _____ | 6. _____ |
| 7. _____ | 8. _____ |
| 9. _____ | 10. _____ |

Reserved Priority Seating:

_____	_____
_____	_____
_____	_____
_____	_____

Company/Individual Name: _____

Contact Name: _____

Mailing Address: _____

Phone #: _____ **Email:** _____