

THE QUEEN'S GATE

Name _____

Company _____

Address _____

City, State and Zip Code _____

Telephone (day) _____

Telephone (evening) _____

Email _____

Sponsors kindly enclose a check payable to Regina High School by
Monday, March 8, 2010 to accommodate our program printing deadline.

Please make reservations by Monday, March 15, 2010.

For questions, please leave a message for Peggy Murphy Dudash '74 at 216-382-2110 ext. 360

Seating: Tables of ten may be reserved. Preferred seating on a first come, first served basis.

Please print your name and names of those with whom you wish to be seated
(as they will appear on name tags):

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

7. _____

8. _____

9. _____

10. _____

Seating is limited. We will do our best to accommodate all requests.

Please charge my credit card for \$_____ Visa MasterCard

Name as it appears on the card: _____

Account # _____ Exp. Date _____

V code (last three digits on the back of the card): _____

Authorized Signature: _____

Reservations and payment can be made online: www.reginahigh.com/queensgate