

2017 INDUCTION GALA

Please reply by September 29, 2017

NAME: _____

PREFERRED LISTING: _____

MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ EMAIL: _____

I AM ABLE TO ATTEND. I WOULD LIKE TO RESERVE THE FOLLOWING:

_____ INDIVIDUAL SEAT(S) AT \$225 PER SEAT

_____ RESERVED* TABLE(S) FOR 10 AT \$3,250

_____ PREMIER* TABLE(S) FOR 10 AT \$4,750

_____ VIP* TABLE(S) FOR 10 AT \$10,000

**Please see reverse side for details on table packages*

I AM NOT ABLE TO ATTEND, BUT PLEASE ACCEPT MY DONATION OF \$ _____ TO SUPPORT THE MISSION OF THE COLORADO SNOWSPORTS HALL OF FAME.

I WOULD LIKE TO SUPPORT THE ATTENDANCE OF HALL OF FAME MEMBERS WITH FINANCIAL NEEDS SO THEY CAN ENJOY THE EVENING. \$ _____

PAYMENT INFORMATION:

CHECK ENCLOSED (*Please make checks payable to Colorado Ski Museum*)

CREDIT CARD PAYMENT AMEX VISA MASTERCARD DISCOVER

CARD NUMBER: _____ EXP. DATE: _____

NAME ON CARD: _____

BILLING ZIP CODE: _____ CVC: _____

