

Please respond by Wednesday, March 21.

YOUR CONTACT INFORMATION (Please list all guests on the reverse side.)

Name _____

Email _____

Company _____

Phone _____

☐ Check if you are a past Peninsula Sports Hall of Fame Honoree.

TICKETS

Students, faculty, and retired faculty: please contact us at 650.348.7600 for special rates.

Please reserve _____ seat(s) at \$95 per adult

Please reserve _____ seat(s) at \$20 per child (12 and under)

Please reserve _____ table(s) of ten at \$950 (includes prime seating and signage)

Total amount due and enclosed \$ _____

PAYMENT

Checks should be made payable to: SMCCVB

Due to guarantee requirements, cancellations after March 22nd will be billed in full.

Visa/MasterCard/AMEX/Discover _____ Exp. _____

Print Name on Card _____ CVV/V-Code _____

Billing Address _____ ZIP Code _____

PLEASE COMPLETE REVERSE SIDE OF THIS FORM PRIOR TO SUBMITTING.

Please respond by Wednesday, March 21.

GUEST INFORMATION

Total number of individuals in your group: _____

PAST
HONOREE

☐☐☐☐☐☐☐☐☐☐

GUESTS' NAMES AND AFFILIATION:*

Please include yourself and only list company if different from that on the reverse side.

VEGETARIAN

☐☐☐☐☐☐☐☐☐☐

If you are attending to support one of this year's inductees, please indicate his or her name on the line below. We will do our best to seat you near the inductee.

*In case of any other dietary restrictions (e.g. kosher, halal, etc.), please mark this response card and specify accordingly.