

THE CRYSTAL CHARITY BALL FASHION SHOW

FRIDAY, OCTOBER 1, 2021

COMPLETE PAYMENT MUST BE INCLUDED WITH THIS CONTRACT & RESERVATION FORM TO CONFIRM & HOLD RESERVATION

Miss/Ms. _____ Spouse _____
Mrs./Dr. _____ Mr./Dr. _____
Address _____ City/State _____ Zip _____
Home Phone _____ Cell Phone _____
Fax _____ E-mail _____

I wish to be listed in the program as _____ I do not wish to be listed in the program Decline all benefits

PLEASE INDICATE YOUR 1ST AND 2ND SEATING CHOICE _____ **10:00 a.m. Show** _____ **2:00 p.m. Show**

Every effort will be made to accommodate your request. A confirmation of your seating time will be mailed.

PLATINUM PREMIUM TABLE **\$25,000**

I would like to purchase a \$25,000 table, which includes:

- Highest Priority Seating for ten at Fashion Show
- Platinum Circle Dinner invitations for five couples*
Choose one: Accept or Decline Platinum Circle Dinner
- Platinum Circle Patron Party invitations for five couples on September 30th*
- Most Prominent Program Recognition

PLATINUM PREMIUM TICKET **\$2,500**

I would like to purchase a \$2,500 ticket, which includes:

- Individual Priority Seating for one at Fashion Show
- Platinum Circle Dinner invitation for one couple*
- Platinum Circle Patron Party invitation for one couple on September 30th*
- Prominent Program Recognition _____ Number of Tickets

PLATINUM CIRCLE TABLE **\$20,000**

I would like to purchase a \$20,000 table, which includes:

- Priority Seating for ten at Fashion Show
- Platinum Circle Dinner invitations for three couples*
Choose one: Accept or Decline Platinum Circle Dinner
- Platinum Circle Patron Party invitations for three couples on September 30th*
- Prominent Program Recognition

PLATINUM CIRCLE TICKET **\$2,000**

I would like to purchase a \$2,000 ticket, which includes:

- Priority Seating for one at Fashion Show
- Platinum Circle Patron Party invitation for one couple on September 30th*
- Program Recognition _____ Number of Tickets

PLATINUM TABLE **\$10,000**

I would like to purchase a \$10,000 table, which includes:

- Seating for ten at Fashion Show
- Platinum Circle Dinner invitation for one couple*
- Platinum Circle Patron Party invitation for one couple on September 30th*
- Program Recognition

PLATINUM TICKET **\$1,000**

I would like to purchase a \$1,000 ticket, which includes:

- Platinum Circle Patron Party invitation for one couple on September 30th*
- Program Recognition _____ Number of Tickets

Platinum Ticket seating is limited _____ Number of Tickets

PLEASE PROVIDE ATTENDEES NAMES AND ADDRESSES ON REVERSE SIDE *INVITATIONS TO PARTIES ARE NOT TRANSFERABLE

METHOD OF PAYMENT

I am unable to attend but would like to make a donation in the amount of \$ _____ in honor of _____
 Enclosed is my check in the amount of \$ _____ Please make checks payable to: *The Crystal Charity Ball*
 Charge my MasterCard or Visa Account # _____ In the amount of \$ _____
Name on Account _____ Exp. Date _____ Signature _____

The non-deductible portion of each ticket is \$50.00

Mail to: Cara French, Fashion Show Reservations Chairman

The Crystal Charity Ball – Two Turtle Creek, 3838 Oak Lawn Avenue, Suite L150, Dallas, Texas 75219

Phone: 214.526.5868 Fax: 214.526.5872 Information E-mail: cethel@crystalcharityball.org

SEATING AT ALL LEVELS IS LIMITED

FASHION SHOW ATTENDEE LIST / INVITATION LIST

PLEASE FILL OUT THE FORM INCLUDING PAYMENT INFORMATION TO ENSURE THAT YOUR GUESTS RECEIVE INVITATIONS.

1 ATTENDEE Ms./Mrs. Dr./Mr. _____ SPOUSE Ms./Mrs. Dr./Mr. _____
Address _____ City/State _____ Zip _____ Phone _____
 Check to The Crystal Charity Ball enclosed E-mail _____
 Charge my MC or Visa Account # _____ Amount \$ _____ Exp. Date _____

2 ATTENDEE Ms./Mrs. Dr./Mr. _____ SPOUSE Ms./Mrs. Dr./Mr. _____
Address _____ City/State _____ Zip _____ Phone _____
 Check to The Crystal Charity Ball enclosed E-mail _____
 Charge my MC or Visa Account # _____ Amount \$ _____ Exp. Date _____

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Address _____ City/State _____ Zip _____ Phone _____
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Address _____ City/State _____ Zip _____ Phone _____
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 Charge my MC or Visa Account # _____ Amount \$ _____ Exp. Date _____

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Address _____ City/State _____ Zip _____ Phone _____
 Check to The Crystal Charity Ball enclosed E-mail _____
 Charge my MC or Visa Account # _____ Amount \$ _____ Exp. Date _____

Please return this list with your Reservation form to The Crystal Charity Ball
Mail to: Two Turtle Creek, 3838 Oak Lawn Avenue, Suite L150, Dallas, Texas 75219
E-mail: cethel@crystalcharityball.org or Fax: 214.526.5872 – For questions call 214.526.5868.