

Name _____

Address _____

City _____ State _____ ZIP _____

Phone _____ Email _____

- Please reserve _____ seats at \$35 per person. My check, payable to Schoharie Arc, in the amount of _____ is enclosed.
- Table sponsor (please turn over for additional information)
- I cannot attend, but please accept a donation of _____.
- Please make me a friend of the Schoharie Arc.

*For more information or to charge by phone, please call
Tammy Ruise at (518) 295-8130, ext. 256.*

Please list names of guests on the back of this card.

After October 22, tickets are \$45.