



2018 DIVERSITY CHAMPION RESERVATION FORM

Reserve your seats online at www.communityhouse.com or return this form to ltrumbull@communityhouse.com or fax 248.644.2476

**Reservations must be received by April 16, 2018.
After this date, no additional guests can be added.**

Champion's Organization Name _____

Names of persons attending are the following:

Every effort will be made to seat guests together.

	FREE	4. _____
CHAMPION NAME		
1. _____		5. _____
2. _____		6. _____
3. _____		7. _____

of tickets _____ @ \$40 per person

I cannot attend, but would like to donate \$ _____

TOTAL \$ _____

Check (payable to The Community House)

Visa

MasterCard

Discover

American Express

Card Number: _____ Exp. Date: _____ CW#: _____

Cardholder's Name (print): _____

Billing Address: _____ City: _____ State: _____ Zip: _____

Email Address: _____ Phone #: _____