

MAIN EVENT
OCTOBER 23, 2009
R.S.V.P

I/WE WILL ATTEND
TOTAL NUMBER OF GUESTS @\$25.00 EACH _____
TOTAL CHECK AMOUNT ENCLOSED _____
NAME OF GUESTS _____

(PLEASE LIST ADDITIONAL NAMES ON THE BACK OF THIS CARD.)

MY TICKETS HAVE BEEN SPONSERED
NAME OF SPONSER _____

I/WE ARE UNABLE TO ATTEND

*PLEASE MAKE CHECKS PAYABLE TO: OAKLAND COUNTY

YOUR CONTACT PHONE NUMBER: _____