Name _____

Phone _____ Email _____

INDIVIDUAL $100 first time Gala Attendee
$125 per person
$135 per person after November 7

Please reserve ____ places. Total enclosed $_____.

Make checks payable to: SAINT JUDE THE APOSTLE PARISH

☐ I am an event sponsor and would like to use the tickets included in my sponsorship package.

☐ I am unable to attend, please accept my donation of $_____.

Please indicate your meal choice.

_____ ☐ Supper Club Fish Fry ☐ Braised Beef Short Ribs ☐ Vegetarian
First Name

_____ ☐ Supper Club Fish Fry ☐ Braised Beef Short Ribs ☐ Vegetarian
First Name

Rooted in Tradition. Gathered in Grace.

DINNER SEATING PREFERENCE

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____
11. _____
12. _____

Preferred Table Size

- ☐ 6 people
- ☐ 8 people
- ☐ 10 people
- ☐ 12 people

RSVP Online