



**MOBILE BIDDING Pre-Register NOW!!!**  
Please provide the name and cell phone number on the guest list below.  
Registering your cell number will help you avoid the lines at check-in!

Your Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

**\$10,000 RAFFLE** I Will Purchase \_\_\_\_\_ Raffle Tickets at the price of \$100.00 each.

**CASH DONATION** Enclosed is a donation of \$ \_\_\_\_\_ to support the Bid O' Luck.

**DINNER RESERVATIONS** Please reserve \_\_\_\_\_ seat(s) at \$75.00 per person.

Seating arrangements: Tables seat 6, 8 or 10. Please list the individuals' first and last names & who will be joining the person or persons listed at the top of this form. We will do our best to accommodate your request. Also, please indicate if you are paying for their tickets.

|   | Guest Name | Street Address | Cell Phone Number for Mobile Bidding | Yes** |
|---|------------|----------------|--------------------------------------|-------|
| 1 | _____      | _____          | _____                                | _____ |
| 2 | _____      | _____          | _____                                | _____ |
| 3 | _____      | _____          | _____                                | _____ |
| 4 | _____      | _____          | _____                                | _____ |
| 5 | _____      | _____          | _____                                | _____ |
| 6 | _____      | _____          | _____                                | _____ |
| 7 | _____      | _____          | _____                                | _____ |
| 8 | _____      | _____          | _____                                | _____ |

\*\* Yes, I am paying for these guest

Menu or Dietary Restrictions: None  Vegan  Gluten Free  Other  \_\_\_\_\_

We will make every effort to accommodate your request, but cannot provide an absolute guarantee.

**PAYMENT**

Please charge my credit card \$ \_\_\_\_\_

VISA  MASTER CARD  DISCOVER  AMERICAN EXPRESS  
(please check one)

Cardholders Name \_\_\_\_\_

Card Number \_\_\_\_\_

Exp. Date \_\_\_\_\_ 3 Digit Security Code \_\_\_\_\_

Signature \_\_\_\_\_

Signature (required for credit card)

Check enclosed in the amount of  
\$ \_\_\_\_\_

Make payable to:  
Fisher Catholic  
High School



**Please use the enclosed self-addressed envelope to return your RSVP, thank you.**