

AACHS THANKSGIVING BREAKFAST & GAME - TICKET PURCHASE FORM

Name _____

Class _____

Address _____

City, State, Zip _____

Telephone _____

Email _____

_____ Yes! I will attend on November 23rd. Please reserve _____ tickets for me and my guests. (\$25 each)

_____ Yes! I will sponsor the attendance of _____ students for Thanksgiving Day. (\$25 each)

Please enclose a check or money order payable to AACHS and mail to: AACHS, P.O. Box 26580, Philadelphia, PA 19141-6580. Tickets may also be purchased at www.CentralHighAlumni.com.