

AACHS ANNUAL MEETING – TICKET PURCHASE FORM

NAME CLASS

ADDRESS  
  
ADDRESS  
  
CITY, STATE, ZIP

TELEPHONE EMAIL

YES, I WILL ATTEND! PLEASE RESERVE \_\_\_\_ TICKETS FOR ME AND MY GUESTS ($90 EACH)  
YES, I WILL ATTEND AS A MEMBER OF THE 274 – 278/ CHS FACULTY & STAFF! ($65 EACH)  
YES, I WILL ATTEND AND SPONSOR THE ATTENDANCE OF \_\_\_\_\_ STUDENTS! ($90 EACH)  
UNFORTUNATELY, I CANNOT ATTEND, BUT I WILL SPONSOR \_\_\_\_\_ STUDENTS! ($90 EACH)  
YES, I WILL ATTEND AND SPONSOR, PLEASE SEE ATACHED FOR SPONSORSHIP FORM.

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 centralhighalumni.com/events.