

Ticket Reservation Form

10th Annual Fire & Ice Gala

Saturday, October 10, 2015 ~ Kitsap Sun Pavilion

To guarantee your reservation date, please change the deadline date to September 25, 2015 or call (360) 689.2928 to secure your reservation with your visa/MasterCard or AMEX

YES, I would like to attend!

- \$90 ~ Fire & Ice Ticket** Qty. _____ Total \$ _____
- \$115 ~ VIP Ticket**
VIP dining seat location and name printed in the event program Qty. _____ Total \$ _____
- \$1000 ~ OFFICE PARTY!** Eight VIP Tickets. Group Name in event Program & honorable mention on stage & two bottles of wine for your table Qty. _____ Total \$ _____

Your Name: _____

Your Email/Phone#: _____

**Please provide complete list of all names & emails on the reverse side. Email address will be used for event updates prior to Fire & Ice.*

With regrets I can not attend, but would like to make a tax-deductible donation to support the KCMSF Amount of Donation \$ _____
Depending on the level of your gift PR/Marketing benefits apply

Major Sponsorship Advertising Opportunities:

- Icicle Sponsorship!** Total: \$500.00 \$ _____
Two event tickets & business logo posted in the KCMS website, event program, guest bag and Communiqué
- Blazing Sponsorship!** Total: \$1,000.00 \$ _____
Four event tickets & business logo posted in the KCMS website, event program, guest bag, Communiqué Business name included in Ice-Wall Sculpture and honorable mention on stage

Please complete first and last names of all guests in your party and any special dining seating requests on the reverse side with payment.

Kitsap County Medical Society ~ P.O. BOX 490 ~ Silverdale, Washington 98383

Name of all Guest in Your Party (including you) that you are purchasing tickets for:

TABLE # 1

1. Name: _____ E:Mail _____
2. Name: _____ E:Mail _____
3. Name: _____ E:Mail _____
4. Name: _____ E:Mail _____
5. Name: _____ E:Mail _____
6. Name: _____ E:Mail _____
7. Name: _____ E:Mail _____
8. Name: _____ E:Mail _____

TABLE # 2

1. Name: _____ E:Mail _____
2. Name: _____ E:Mail _____
3. Name: _____ E:Mail _____
4. Name: _____ E:Mail _____
5. Name: _____ E:Mail _____
6. Name: _____ E:Mail _____
7. Name: _____ E:Mail _____
8. Name: _____ E:Mail _____

* Please seat us with or near: _____

PAYMENT INFORMATION: If paying by check please make payable to: KCMS Foundation
If paying by credit card, please complete and mail to: KCMS ~ PO BOX 490 ~ Silverdale, WA 98383

Name on Credit Card: _____

VISA/MC or AMEX #: _____

Card Expiration Date: _____ Card Security Code: _____

TOTAL AMOUNT TO BE CHARGED: \$ _____

SAVE TIME AT CHECK IN!!

- I would like to keep this card on file for EXPRESS PAY at the event under my name
- Extra guest allowed to purchase on this card include: _____