Ticket Reservations Form

Kitsap County Medical Society
Ticket Reservations
May 4, 2019 Spring Gala: Marvin Williams Center ~ Bremerton
May the Fourth Be With You!

Guest Name(s):

(If you are reserving more than two event tickets, please provide all guest names and seating requests on a separate paper)

TABLE Captain or Individual Guest Contact Information

Last Name	First Name	Middle Initial	Title (Mr., Ms., Mrs., etc)
Mailing Address			
City		State	Zip
Home/Work	Cell		Email

EVENT Ticket Reservations and Event Childcare:

Tables seat up to eight and a limited amount of tables seat up to ten at the event

Amount Total:
$ _____. ____

Kitsap County Medical Society Member & Spouse/Guest Ticket(s): No Charge/Included with KCMS Membership
Names Provided Above/Ticket Quantity: _____

Guest Ticket(s) at $75.00 each ~ Ticket Quantity: _____

Guest: Names: _____

On-Site Childcare for up to twenty children available the night of the event for $30.00 per child. Includes beverages, light food and fun! This is on a limited basis, so please reserve early! Please provide name/age and any food restriction/allergies per child:
$30.00 each: Names/Ages of Children: _____

Food Restrictions/Allergies/Comments: _____

FINANCIAL CONTRIBUTION/MAJOR SPONSORSHIP PAYMENT INFORMATION

Amount: $ _____.____	☐ VISA ☐ MASTERCARD ☐ AMEX	
Card No:	Security code:_____	Exp Date: ____/____/20____
Name on Card:	Signature:	

KCMS Foundation is a 501c3 (Tax ID 91-2089484). Proceeds benefit the charitable outreach in Kitsap County. Some of our causes include the restocking & upkeep of lifejacket loaner boards (prevention of drowning), support of shelters; The ALIVE Shelter, Coffee Oasis, The Benedict House, Stella Marris, Nursing Scholarships & the purchase of AED's in Kitsap County to rural locations