R\$	SVP DEADLINE IS FRIDAY, JANUARY 21s
TICKETS	ARE AVAILABLE ON A FIRST-COME, FIRST-SERVED PLEASE SUBMIT YOUR RSVP AND PAYMENT BY:
EMAIL RS	VP@LFNY.ORG FAX 212-439-4210 PHONE 212-43
	PRICE IN EXCESS OF \$200 PER SEAT FOR DINNER BLE. PLEASE BE ADVISED THAT TICKETS SELL OUT Q
	S WILL NOT BE MAILED. Your tickets will be held at the NE WISH TO BE SEATED WITH THE FOLLOWING GUESTS
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	Seating requests are not guaranteed. We will do our best to accommodate your requests.



□ I/WE WILL ATTEND THE GALA. I/WE WOULD LIKE:

- ____ PLATINUM TABLE OF 10 SEATS AT \$25,000
- ____ GOLD TABLE OF 10 SEATS AT \$20,000
- ____ SILVER TABLE OF 10 SEATS AT \$10,000
- ____ INDIVIDUAL GALA TICKETS AT \$400 PER TICKET Limit six per family.

□ I/WE WOULD LIKE TO CONTRIBUTE TO THE TEACHER AND STAFF TICKET FUND IN THE AMOUNT OF: □ \$25 □ \$50 □ \$75 □ OTHER \$_____

□ I/WE ARE UNABLE TO ATTEND THE GALA.

- - to the Lycée Français de New York.

TOTAL AMOUNT ENCLOSED: \$ ____

PLEASE MAKE CHECKS PAYABLE TO THE LYCÉE FRANÇAIS DE NEW YORK OR PAY VIA CREDIT CARD: AMEX VISA MC

CREDIT CARD NUMBER	SECURITY CODE
NAME AS IT APPEARS ON THE CARD	EXPIRATION DATE
EMAIL	
TELEPHONE	
SIGNATURE	
Print your name and/or the name of your comp appear in all printed materials.	any exactly as it should