

Ticket Order Form

**Saturday,
March 24, 2012
7:30 PM**



**Ravisloe
Country Club**

Name: _____

Address: _____

City, State, Zip: _____

Phone Number: _____ Cell Phone: _____

Email Address: _____

Please mail your check, **payable to IJP School Capital Development Fund** c/o CLUB IJP to:
1101 Douglas Ave., Flossmoor, IL 60422

\$30 Advance Ticket Price, Per Person QTY _____
(\$40 person at the door)

\$300 VIP Table 6 Top QTY _____

All advanced ticket sales will be held at the door. You will receive a confirmation email when your order has been processed. Credit Card charges available—event night only.

DJ and Dancing!

Premium Drinks!

Cash Bar!

**Nightclub
Atmosphere!**

Martinis!

Ques-

tions: Contact Maria: mlpasquinelli@aol.com