



Celebrate CLASP

SUNDAY, NOVEMBER 12, 2023

2 TO 4 PM

709 HARVARD AVENUE, CLAREMONT

NAME(S) _____

GUEST NAME(S) _____

ADDRESS _____ CITY/ZIP _____

PHONE _____ EMAIL _____

PLEASE COMPLETE THIS FORM BY NOVEMBER 1 AND MAIL TO:

CLAREMONT AFTER-SCHOOL PROGRAMS, INC. • 1111 N. MOUNTAIN AVENUE • CLAREMONT, CA 91711

I/WE WOULD LIKE TO BE A SPONSOR OF THE EVENT AND BE RECOGNIZED AT THE EVENT, IN THE CLASP NEWSLETTER AND ON THE WEBSITE. MY GUESTS ARE LISTED ABOVE.

- PRESIDENT'S CIRCLE -- \$5,000+ (INCLUDES 10 TICKETS FOR EVENT)
- SUPERINTENDENT'S CIRCLE -- \$2,500 (INCLUDES 8 TICKETS FOR EVENT)
- PRINCIPAL'S CIRCLE -- \$1,000 (INCLUDES 6 TICKETS FOR EVENT)
- VALEDICTORIAN -- \$500 (INCLUDES 4 TICKETS FOR EVENT)
- SALUTATORIAN -- \$250 (INCLUDES 2 TICKETS FOR EVENT)

I/WE WOULD LIKE _____ RESERVATIONS AT \$75 EACH

I/WE CANNOT ATTEND BUT WOULD LIKE TO CONTRIBUTE \$ _____

ENCLOSED IS A CHECK PAYABLE TO CLASP FOR \$ _____

PLEASE CHARGE MY CREDIT CARD (VISA, MASTER CARD, DISCOVER) \$ _____

NAME ON CARD _____

CARD NUMBER _____ EXPIRATION DATE _____

ZIP CODE OF CARD HOLDER _____ CARD CODE _____