

2024 Hall of Fame Celebration & Induction Ceremony

Please RSVP by September 2, 2024

2024 INDUCTEES WILL RECEIVE 2 COMPLIMENTARY MEALS

I will gladly attend:

_____ # of guest reservations at \$125 per person \$ _____

I am unable to attend, but will make a tax-deductible gift to
Seton LaSalle Catholic High School: \$ _____

Business/Congratulatory Ad for Program (Ad or copy due by:
September 2nd to dambrogiol@slshs.org):

Full Page: 8.5"H x 5.5"W (\$100) Half Page: 4.25"H x 5.5"W (\$75)

Total Payment Enclosed: \$ _____

Payable by check, made out to Seton LaSalle Catholic High School,
or credit card: Visa Mastercard

Card #: _____

Expiration Date: _____ CVC: _____

Email for Confirmation: _____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: (Home) _____ (Cell) _____



Hall of Fame

Dinner Selection

Please check one entree selection per guest

#1 Chicken Marsala

#2 Filet Mignon

#3 Crab Stuffed Salmon

#4 Vegetable Strudel

Guest Name: _____

Dinner Selection: #1 #2 #3 #4

Food Allergies: _____

Guest Name: _____

Dinner Selection: #1 #2 #3 #4

Food Allergies: _____

Guest Name: _____

Dinner Selection: #1 #2 #3 #4

Food Allergies: _____

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For additional information please contact
Leslie Dambrogio at dambrogio@slshs.org or (412) 561-3583 ext. 511

Thank you for your support!

Guest Name: _____

Dinner Selection: #1 #2 #3 #4

Food Allergies: _____

Guest Name: _____

Dinner Selection: #1 #2 #3 #4

Food Allergies: _____

Guest Name: _____

Dinner Selection: #1 #2 #3 #4

Food Allergies: _____

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