

MATER CHRISTI ALUMNI REUNION
OCTOBER 4, 2008 – 7:00PM
21 21 Crescent Street, Astoria, NY

Ticket Reservation

Tickets at \$75.00 per person (If reserved by September 24th)

Tickets at \$100.00 per person (After September 24th)

Tickets at \$125.00 per person at the door

Order A Commemorative Plaque

Commemorative plaques in the Mater Christi Alumni Auditorium are available at a cost of \$50.00 each. Many alumni have chosen to honor parents, teachers, or a deceased classmate with a plaque which may be inscribed:

In Memory of _____

In Honor of _____

Class Gift

I would like to contribute to my CLASS GIFT. ___ \$250 ___ \$100 ___ \$50 ___ \$25

Your participation in the Class Gift program will send a positive message that you support your alma mater and will enrich our students in the areas of academic technology, athletics and cultural arts.

___ Yes, my company has a MATCHING GIFT program.

___ **I am willing to contact members of my class and encourage them to attend the reunion.**

Hotel Rooms Have Been Reserved For Your Convenience

Rooms have been reserved at the Fairfield Inn by Marriott, located at 45-20 Astoria Blvd., Astoria, NY at the reduced rate of \$159.00 (plus tax) double/king including parking, deluxe continental breakfast and complimentary shuttle service to/from LaGuardia Airport and local subway station. **This rate is only available to those who reserve a room prior to September 4, 2008.** To reserve your room, please call (718) 267-0008 and mention *St. John's Prep*.

Please respond by September 24, 2008

___ I/we will attend the reunion and reserve ___ ticket(s) at \$75 each (\$100 after 9/24)	\$ _____
___ I would like to order _____ commemorative plaque(s) at \$50 each:	\$ _____
___ Please accept my Class Gift of:	\$ _____
___ I cannot attend, please accept my Class Gift of:	\$ _____
TOTAL	\$ _____

Name _____ Year of Graduation _____

Address _____

Daytime Phone _____ Cell Phone _____ E-mail _____

Mail check in enclosed envelope OR Fax/mail reply with credit card information: FAX: 718-274-0298

OR Register online at www.stjohnsprepschool.org

Please make checks payable to St. John's Prep

Amount to be charged \$ _____ ___ Visa ___ American Express ___ Master Card ___ Discover

16 digit # _____ Exp. Date _____

Cardholder's Name