

Supporting Ballard High School
Athletic and Music Programs



BALLARD HIGH SCHOOL
FOUNDATION
8th Annual
Dinner of Champions

Sponsored by Covich Williams/
Mason and Linda Williams

Please join us
for an evening of fun and fundraising
for Ballard High School!

Sunday, August 25, 2019

New Location: The Plateau Club
Sammamish, WA

Evening's Program

3:00 p.m. Reception on the deck for Young Beavers

4:00 p.m. Doors Open

Silent Auction, Wine Cellar Raffle, No-Host Bar, Dessert Dash

5:30 p.m. Dinner, Live Auction

Presented by the Ballard High School Foundation

in partnership with

the BHS Athletic & BHS Performing Arts Booster Clubs

For more information, please contact Dick Lee at
rjlee@seattleschools.org or 206-391-5555.

Deadline is Wednesday, August 14. For reservations, call 206-391-5555.

Yes, I'd like to come to the Dinner of Champions!
Reservations due: Wednesday, August 14, 2019

Name _____

Address _____

Phone _____ Email _____

___ **Captain Level** reservations:

Early Bird (through 7/15/19): \$60 per person \$ _____

After 7/15/18: \$75 per person \$ _____

___ **Captain Level tables**, 10 people/table

Early Bird (through 7/15/19): \$600 per table \$ _____

After 7/15/18: \$750 per table \$ _____

___ **Young Beaver** (40 years or younger)

Early Bird (through 7/15/19): \$40 per person \$ _____

After 7/15/18: \$50 per person \$ _____

___ **Young Beaver tables**, 10 people/table

Early Bird (through 7/15/19): \$400 per table \$ _____

After 7/15/18: \$500 per table \$ _____

At least 6 guests must be 40 years old or younger

___ **I cannot attend, but would like to support BHS!** \$ _____

Employer matching fund form is enclosed.

Total Enclosed: \$ _____

___ Check enclosed payable to Ballard High School Foundation

___ Please charge: ___ MC ___ VISA ___ AMEX Exp. Date _____

Table Guest Information

Please include information for all guests; use additional pages as needed.

Name(s) _____

Address _____

City/State/Zip _____

Phone _____ Email _____

Name(s) _____

Address _____

City/State/Zip _____

Phone _____ Email _____

Name(s) _____

Address _____

City/State/Zip _____

Phone _____ Email _____

Credit Card information:

Card # _____ Code on back _____

Name on Card _____

Signature _____

Mail form and payment to:
Ballard High School Foundation, PO Box 17626 Seattle, Wa 98127