



*WSPA 25<sup>th</sup> Gala Anniversary*  
*RSVP Form*

Please submit this form to WSPA office by May 15<sup>th</sup> to Guarantee Premium Seating.

Contact Name: \_\_\_\_\_ Email: \_\_\_\_\_

**Dinner Packages**  
(Includes 1<sup>st</sup> Priority Center Orchestra Seat for Gala, dinner at Westin & Special 25<sup>th</sup> Anniversary Gift)

Entrée Choice:	Number Attending	Amount	Total
Beef	_____	x \$95	_____
Chicken	_____	x \$90	_____
Vegetarian	_____	x \$90	_____
Child – 12 and under	_____	x \$50	_____

**Additional Premium Gala Tickets**  
(discounted with dinner purchase – limit 4 per family)

Adult	_____	x \$20	_____
Senior/Student/Child	_____	x \$15	_____

**Gala Performance Tickets Only**  
2<sup>nd</sup> Priority Seat for Gala  
(No discount on tickets without dinner purchase)

	Number Attending	Amount	Total
Adult	_____	x \$25	_____
Senior/Student/Child	_____	x \$20	_____
Balcony	_____	x \$15	_____

**Suggested Donation to AIMBA (Tax Deductible)**  
Please make checks payable to Artists in Motion BA

	Amount	Total
	\$25	_____
	\$50	_____
	\$75	_____
	\$100	_____
Other Amount	_____	_____

**PAYMENT**

Credit Card # \_\_\_\_\_

Expiration: \_\_\_\_\_ CSV Code: \_\_\_\_\_

Please call \_\_\_\_\_ between \_\_\_\_\_ AM to \_\_\_\_\_ PM to process credit card.

**TOTAL ENCLOSED**      \$ \_\_\_\_\_