



**Ticket Reservation Form**  
**\$150 per person**

The 2025 York Catholic Green and Gold Gala will be held at the Country Club of York on Friday, April 25!  
Join us as we enjoy a beautiful spring evening with fellow alumni, parents, and friends.

Your Name: \_\_\_\_\_ Number of Attendees: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Please print the names of attendees and their meal choices {filet and crab (FC), eggplant (EP), or chicken Milanese (CM)}, including yourself as Guest One. Tables seat up to 10 individuals.

1. _____	<input type="checkbox"/> FC	<input type="checkbox"/> EP	<input type="checkbox"/> CM	6. _____	<input type="checkbox"/> FC	<input type="checkbox"/> EP	<input type="checkbox"/> CM
2. _____	<input type="checkbox"/> FC	<input type="checkbox"/> EP	<input type="checkbox"/> CM	7. _____	<input type="checkbox"/> FC	<input type="checkbox"/> EP	<input type="checkbox"/> CM
3. _____	<input type="checkbox"/> FC	<input type="checkbox"/> EP	<input type="checkbox"/> CM	8. _____	<input type="checkbox"/> FC	<input type="checkbox"/> EP	<input type="checkbox"/> CM
4. _____	<input type="checkbox"/> FC	<input type="checkbox"/> EP	<input type="checkbox"/> CM	9. _____	<input type="checkbox"/> FC	<input type="checkbox"/> EP	<input type="checkbox"/> CM
5. _____	<input type="checkbox"/> FC	<input type="checkbox"/> EP	<input type="checkbox"/> CM	10. _____	<input type="checkbox"/> FC	<input type="checkbox"/> EP	<input type="checkbox"/> CM

**Unable to Attend? You can still support a Student Experience to offset the cost of education!**

Every dollar given to our Student Experience enables us to close the gap between tuition (\$7,900) and the actual cost (\$12,500) of educating our talented and inspiring students. Thank you!

\$7,500     \$5,000     \$2,500     \$1,000     \$500     \$100     Other \_\_\_\_\_

Please make check payable to **York Catholic** or complete credit card information below.

Credit Card Information: \_\_\_ Visa \_\_\_ MC \_\_\_ AmEx \_\_\_ Disc Acct #: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ Billing Zip: \_\_\_\_\_ CVV code: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

Signature: \_\_\_\_\_

Kindly return this completed form by April 11 to Joann Brown at the address below.  
Questions? Contact Joann Brown at [jbrown@yorkcatholic.org](mailto:jbrown@yorkcatholic.org) or 717-846-8871 x1317.

**York Catholic Middle & High School**

601 E. Springettsbury Avenue, York, PA 17403  
717-846-8871 ♣ [www.yorkcatholic.org](http://www.yorkcatholic.org)