



# Escapades Dinner & Auction

Saturday, February 29, 2020

Lindbloom Student Center at Green River College, Auburn, Washington  
Silent auctions open at 5:00 pm | Dinner at 7:00pm  
No-host cash bar (bring ID) | Free Parking | More info @ kentrotary.com

## Non-Profit Sponsor Reservation Form

- Whole Table for \$1000 (8 seats)       Half Table for \$500 (4 seats)

Group Name \_\_\_\_\_

Contact Name \_\_\_\_\_

Address \_\_\_\_\_ Apt \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ email \_\_\_\_\_

Rotarian Contact \_\_\_\_\_

### Payment

Check(s) enclosed, made payable to "The Rotary Club of Kent Foundation"

Charge VISA/Mastercard Account \$\_\_\_\_\_. Name on Card \_\_\_\_\_

Card # \_\_\_\_\_ Exp. \_\_\_\_/\_\_\_\_ CVC# \_\_\_\_\_ Zip \_\_\_\_\_ Signature \_\_\_\_\_

Complete guest / bidder information on the reverse side of this form.

Please return this form to: Jenny Allyn – Kent Rotary Club –**or**– scan/email to JennyAllyn@msn.com  
P.O. Box 1432  
Kent, WA 98035

# Kent Rotary Escapades Dinner & Auction • Reservation Form

Group Name \_\_\_\_\_ Contact Name \_\_\_\_\_

Name 1 \_\_\_\_\_  beef  salmon  vegetarian

Name 2 \_\_\_\_\_  beef  salmon  vegetarian

Address \_\_\_\_\_ Apt \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ email \_\_\_\_\_

Charge to VISA/MC on front **OR**  Charge to: Name on Card \_\_\_\_\_

Card # \_\_\_\_\_ Exp. \_\_\_/\_\_\_ CVC# \_\_\_ Zip \_\_\_\_\_ Signature \_\_\_\_\_

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Name 3 \_\_\_\_\_  beef  salmon  vegetarian

Name 4 \_\_\_\_\_  beef  salmon  vegetarian

Address \_\_\_\_\_ Apt \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ email \_\_\_\_\_

Charge to VISA/MC on front **OR**  Charge to: Name on Card \_\_\_\_\_

Card # \_\_\_\_\_ Exp. \_\_\_/\_\_\_ CVC# \_\_\_ Zip \_\_\_\_\_ Signature \_\_\_\_\_

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Name 5 \_\_\_\_\_  beef  salmon  vegetarian

Name 6 \_\_\_\_\_  beef  salmon  vegetarian

Address \_\_\_\_\_ Apt \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ email \_\_\_\_\_

Charge to VISA/MC on front **OR**  Charge to: Name on Card \_\_\_\_\_

Card # \_\_\_\_\_ Exp. \_\_\_/\_\_\_ CVC# \_\_\_ Zip \_\_\_\_\_ Signature \_\_\_\_\_

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Name 7 \_\_\_\_\_  beef  salmon  vegetarian

Name 8 \_\_\_\_\_  beef  salmon  vegetarian

Address \_\_\_\_\_ Apt \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ email \_\_\_\_\_

Charge to VISA/MC on front **OR**  Charge to: Name on Card \_\_\_\_\_

Card # \_\_\_\_\_ Exp. \_\_\_/\_\_\_ CVC# \_\_\_ Zip \_\_\_\_\_ Signature \_\_\_\_\_