



This event is open to all LIAC Friends and Family: Past, Present, and Future! Join us for an evening of fun to benefit the completion of our new pool!

Complete the form below and return with payment by January 24th to reserve your tickets.

Name: _____ Phone Number: _____

Email: _____

Guest # 1: _____ Guest # 2: _____

Guest # 3: _____ Guest # 4: _____

*Include names of additional guests on reverse side

Number of Guests: _____ X \$100 per person = \$ _____

Number of 10 person tables _____ x \$900 = \$ _____

Payment by Check: Checks payable to: Long Island Swimming Fundraising

Mail or drop at LIAC Office – 750 F. Stewart Ave, Garden City, NY 11530

Payment by Credit: Email this form to: Fundraising@longislandswimming.com

Card Type: Visa _____ MasterCard _____ American Express _____

Card Number: _____ Expiry Date: Mo _____ Year _____ CVV _____

Billing Zip Code _____ By Checking here, I agree to a 5% credit handling fee.

For Office Use: Check # _____ Cash received by: _____ Date: _____