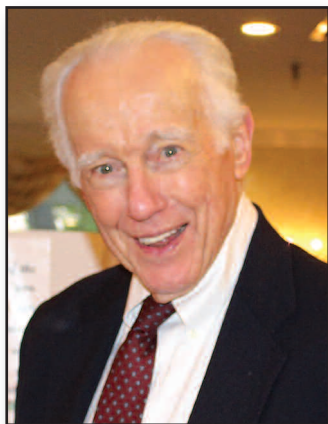


You are invited to Lacordaire Academy's

Great Night Out Party



Norman James, P'83,'87

Lumen Award

For Selfless Dedication which Serves as a
Beacon of Light for Lacordaire Academy



Megan Eileen Connolly '89

Distinguished Alumna Award

In recognition of her Service and Support
to Lacordaire Academy

*Cocktail Hour, Dinner, Open Bar, DJ Entertainment,
Games, Prizes & Auctions*

6:00 p.m.

Saturday, November 18, 2017

Forest Hill Field Club

9 Belleville Avenue, Bloomfield, NJ 07003



A Great Night Out to Benefit the Students of Lacordaire Academy



RSVP

Reservations will be held at the door.

_____ @ \$100 per person \$ _____
 _____ @ \$150 Patron \$ _____
 _____ @ \$250 Benefactor \$ _____
 _____ @ \$1,250 Table Sponsor of 10 \$ _____

Great Night Out
Party

Saturday, November 18, 2017

Reservation Name _____

Seat me with grade level _____ class year _____ or with the following:

Annual Fund – Donate by November 1 to be recognized in the Ad Journal’s Honor Roll of Donors.

I/We wish to make a donation of \$ _____ to the Annual Fund.

In Honor of Name/Class _____ In Memory of _____

Dollars for Scholars 50/50 Cash Raffle

Drawing held on 3/23/18. Winner need not be present.

_____ 1 ticket for \$20 \$ _____
 # _____ 5 tickets for \$75 \$ _____

Sponsor the Party’s Success

_____ Event Sponsors underwrite the event’s success \$ _____
 _____ Ticket Sponsors provide complimentary tickets for a Sister or Teacher @ \$100 \$ _____
 _____ Gift Sponsors underwrite a gift in their family’s name \$ _____

Ad Journal

Promote your business, recognize an honoree, or commemorate a student, class or special occasion.

Full Page Size is 8.5" x 11". **Attach, fax or email ad or copy by November 1.**

_____ \$25 1/8 Page/Business Card \$ _____
 _____ \$50 1/4 Page \$ _____
 _____ \$75 1/2 Page \$ _____
 _____ \$150 Full Page \$ _____
 _____ \$500 Inside Front Cover \$ _____
 _____ \$500 Inside Back Cover \$ _____
 _____ \$500 Back Cover \$ _____
 _____ Check here if you want Academy to design ad for you.

PLEASE UPDATE YOUR INFORMATION

Email _____

Recognition Name for Program _____

Phone (Cell) _____ (Landline) _____

Address/City/State/Zip _____

Alum Class Year: 8th _____ 12th _____ Parent Grandparent Other _____

Alum Maiden Name _____ Spouse/Partner Name _____

METHOD OF PAYMENT

Check payable to Lacordaire Academy Visa MasterCard Amex Discover **Total Enclosed** _____

Name on Card _____ Exp Date _____

CC # _____ Sec Code _____