

**Player Name** \_\_\_\_\_

**Number of Guests** \_\_\_\_\_ **Number Under Age 10** \_\_\_\_\_

Please list the names of people who will be attending. Tables of 8 to 10 may be reserved (do not include players). We will do our best to accommodate you. All checks must be included with the names listed on this card.

**Name:** \_\_\_\_\_ **Name:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Name:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Name:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Name:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Name:** \_\_\_\_\_

**Make checks payable to: Central Catholic Football**

Questions: Contact Lisa Leonello at [laleonello@aol.com](mailto:laleonello@aol.com)