



Soccer Scholar Athlete Banquet Form

Sunday, January 28th, 2024 • 5:30 PM

**Northampton Memorial Community Center
1601 Laubach Avenue, Northampton, PA 18067**

_____ of _____
(Candidate Name) **(High School Name)**

Cell Phone Number: _____ **E-Mail Address:** _____

Also attending with me will be the following adults: (The *Scholar Athlete's* dinner is complimentary)

Parent(s): _____

Coach/Athletic Director: _____

School Representative(s): _____

Other Guest(s): _____

Children under 12: _____

Special Instructions: _____

Adult Dinner(s) _____ @ \$40.00 = \$ _____

Children Dinner(s) _____ @ \$35.00 = \$ _____

Grand Total = \$ _____

**NOTE: NO TICKETS WILL BE ISSUED. YOUR CONFIRMATION IS YOUR RESERVATION.
KINDLY CHECK IN AT THE RECEPTION TABLE UPON ARRIVAL.
DOORS OPEN AT 4:45 PM. BANQUET WILL BEGIN PROMPTLY AT 5:30 PM.**

Please respond by Wednesday, January 3rd, 2024 to:

Tara Anders-Hahn
9185 Interchange Roadn
Lehighton, PA 18235
610-905-2157 • lvwsl.info@gmail.com

Please make all checks payable to: **“LVSSAF”**