



Soccer Scholar Athlete Banquet Form

Sunday, February 2nd, 2025 • 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: _____

Would like email confirmation of receipt? Yes No

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 Friday, January 10th, 2025 to:

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

Please make all checks payable to: "LVSSAF"