Please complet	te this form and mail it along with your payment to: The New Lake View Alumni Association P.O. Box 57882 Chicago IL 60657
Your name and	LV graduation year:
Address:	
City/State/Zip (	Code:
Phone or emai	
Number of peo	ple in your group
Names of othe	rs in your group
NUMBER OF	TICKETS - Please check one of the following
I hav	e enclosed a check in the amount of \$95 for 1 ticket
I hav	e enclosed a check in the amount of \$190 for 2 tickets
I hav	e enclosed a check in the amount of \$285 for 3 tickets
I hav	e enclosed a check in the amount of \$380 for 4 tickets
I hav	e enclosed a check in the amount of \$ for tickets
I paid	l via Zelle
l am s	sponsoring a teacher. One of the tickets I am purchasing is for a teacher(s).
Name of tead	cher(s) with their phone or emails

## Please note that all payments are Non-Refundable

Any questions? Contact Helen (Kouis) Figueora by calling 773-263-7480 or email: preslakeview@gmail.com