

Join Us!

at the

Good Shepherd Mardi Gras Ball & Auction

Saturday, February 4, 2017
7p.m. - 12a.m.

Good Shepherd Catholic Church - Family Center
5900 Oleander Dr. Orlando, FL 32807



Good Shepherd Catholic Parish

Mardi Gras Ball: February 4, 2017
Mardi Gras Festival: February 23-26, 2017

Since 2002, we have been celebrating members of our community who by their actions have made a difference in our community in a positive, influential way. All monies raised at the Mardi Gras Ball and Festival help with the daily expenses that our Parish needs to support the life of our parish community.

Our Special Evening will Feature:

- Welcome by our Parish Mardi Gras Captain: Fr. Jim Henault, M.S.
- Presentation of the 2017 Royal Court
- Dinner and Dancing - Entertainment until midnight
- Raffle Baskets and Silent Auction. *Payment by cash, check or credit card: Visa, MC or Amex*
- Complimentary Signature Drink (BYOB if you like. Set ups provided)
- Cocktail, semiformal or formal attire or dress the theme:

"Once Upon a Time Mardi Gras visits The Enchanted Forest"

Ticket Information:

- Seating is Limited and Reservations will only be held with payment
- All guest names and payment must be submitted at the same time to secure reservation

PRICE: \$60/person; \$110/couple; \$400/table-8

Please complete and return form with payment

In Person: to the Good Shepherd Catholic Church office

Via Fax: 407.273.5148

By Mail: Good Shepherd Mardi Gras Committee. 5900 Oleander Drive, Orlando, Florida 32807

Online: through Online Giving at www.goodshepherd.org



Name: _____
 Address: _____
 City: _____ St: _____ Zip: _____
 Email: _____
 Phone: _____

Reserve table(s) in the Name of: _____

Additional Guest Names: _____

TICKET PURCHASE: 1 Guest \$60
 2 Guests \$110
 8 Guests \$400

Total Purchase (OR unable to attend but please accept my donation of:) _____

PAYMENT INFORMATION: Cash Online Giving (www.GoodShepherd.org)
 Credit Card Check # _____
 Check Payable to Good Shepherd Parish



Name on Card: _____
 Card Number: _____
 Signature: _____
 Billing Address: _____
 Expiration Date (MM/YYYY): _____ CVV Code: _____