

Come and join us!

Exemplary Standards for Exemplary Results

February 9, 2018 6:30pm to 9:30pm

Doors Open at 6:15pm

Join us for a night of Fun and Adventure!

Dinner, Silent Auction, Live Auction, Photo Booth

Wear your favorite beads!
Bring your favorite mask!
Join us for a night of fellowship and fun!

Individual Tickets \$30 Table of 8 = \$250 Table of 10 = \$275

Call 281-565-1296 for tickets!

Will you help our school?

To help keep tuition low, we have a yearly gala to help offset the costs that tuition does not cover. We are asking for sponsors for our school. We serve a variety of income levels and offer assistance and scholarships to help families become a part of our school.

Our school fosters an early childhood education which honors the unique value and beauty of all children as creations of a loving, empowering God. St. Mark's Episcopal school integrates spiritual formation, joyful discovery, and playful creativity into our daily curriculum, enabling children to reach their full potential.



Name:							
Address:							
City:							
State:	Zip:	Ph	:				
E-Mail Addre	288:						
	I will not be able to attend \$! ! ! ! ! ! !	to	o help the school.	ble donation of		More of the second seco	
I need Reserved Table/s of 8 @ \$250 per table =					Levels of Sponsorship		
	Reserved Table/s of 10 @\$275 p	per tabl	ē = \$		King Cake Sponsor \$500 (10' x 8")	Two Tickets; Center Page Ad in sponsor section of program; Name on Sponsor Board at Entrance	
	Item V	/alue			Coin Sponsor \$300 (8" x 5")	Half Page Ad in sponsor section of program; Name on Sponsor Board at Entrance	
					Mask Sponsor \$200 (5"x4")	Half page Ad in sponsor section of program	
					Bead Sponsor \$40	Copy of Business Card in sponsor section of program	
				200	Fleur de Lis Spon- sor \$35 (3" x 2")	Ad honoring an individual. Ad in sponsor section of program	
				_		= TOTAL: \$	
			_	I am enclosing a check in the amount of \$OR Please charge my credit card for \$ Visa MC AMEX Discover (Circle one)			
			Card Number:			_	
			Name on card				
			Exp. Date	CVS #			
			Billing Address		City	Zip	
			E-mail Address:				