



Adventurers' Foundation

NIGHT OF HIGH ADVENTURE

Sunday October 23, 2005

TICKET ORDER FORM

Name: _____ Today's Date: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: (____) _____

I wish to reserve: _____ table(s) for seating 8 guests @ \$680 per table of 8.

I wish to reserve: _____ places for my _____ guests @ \$85 per person.

ENCLOSED NUMBER OF CHECKS: _____

TOTAL AMOUNT ENCLOSED: \$ _____

Note Refund Policy: Cancellations received by the Foundation by Thursday, September 29, 2005 will receive full refund; reservations cancelled & received October 1st through October 6, 2004 will receive a partial refund of the full price less a \$10 per person service fee. A refund check will be mailed to the member within four weeks of request. Purchaser is responsible for returning refund to the cancelled guest.

No refunds granted, for any reason, after October 6, 2004.

Adventurers' Foundation is not responsible for delay in the mail delivery.

Guest Names: Attach a sheet with additional names to this order form, as necessary.

- | | |
|----------|-----------|
| 1. _____ | 6. _____ |
| 2. _____ | 7. _____ |
| 3. _____ | 8. _____ |
| 4. _____ | 9. _____ |
| 5. _____ | 10. _____ |

MAIL YOUR CHECK(S) TO:

The Adventurers' Foundation

C/O The Adventurers' Club

Attention: JAMES HEATON, Telephone (323) 465-9500

P.O. Box 31226

Los Angeles, CA 90031