

**Atherton Alumni Association
Hall of Fame Banquet Reservation Form**

Event Date: Thursday, October 9, 2025

Time: 6:00 PM – 9:00 PM

Location: The Olmsted, 3701 Frankfort Ave, Louisville, KY 40207

Ticket Pricing

_____ - \$60 per person — Reservations received on or before September 20th

_____ - \$75 per person — Reservations received after September 20th or purchased at the door

_____ - Table of 8 \$480 — Reservations received on or before September 20th

_____ - Table of 8 \$600 — Reservations received after September 20th or purchased at the door

_____ - **\$100 per person Name in Program and one dinner ticket (**terms apply)**

_____ - **\$50 per person Name in Program (** terms apply)**

_____ **If you are unable to attend please consider making a donation**

****Name in Programs must be received by Wednesday, September 17 for program printing deadline**

(Please print)

Name _____

Address _____

City _____ State _____ Zip code _____

Phone _____ Email _____

Names of Guests at Your Table (if reserving multiple tickets or a full table of 8):

1. _____ 5. _____

2. _____ 6. _____

3. _____ 7. _____

4. _____ 8. _____

Please let us know of any special needs seating (Contact Chelsea Lasley 502.403.6414 or chelsealasley21@gmail.com)

Name of Inductee you are coming to support (if applicable) _____

Total Amount Enclosed: \$ _____ Check (payable to Atherton Alumni Association)

Mail Reservation Form & Payment to:

Atherton Alumni Association

C/O 3000 Dundee Rd

Louisville, KY 40205-2448

More information can be found at www.athertonalumni.com

Sponsorship/Volunteer opportunities see back side →

**ATHERTON HIGH SCHOOL ALUMNI ASSOCIATION
HALL OF FAME BANQUET**

____ **I would like to be a sponsor at this year's banquet with a sponsorship of:**

____ **Maroon level** – includes 1/2 page ad and 8 dinner tickets – enclosed \$1,800 (ad only \$1,320)

____ **Gold level** – includes 1/4 page ad – 4 dinner tickets – enclosed \$900 (ad only \$660)

____ **Torch level** – includes business card size ad – 2 tickets – enclosed \$500 (ad only \$380)

____ **Rebel/Raven** – includes name in program – See front page of this form

**Ad materials may be submitted either via camera ready copy with check to address below, or emailed via PDF file (high resolution jpg format to Hope Johnson Proctor, stopsigncity@twc.com or Kristin Logsdon, kristinlogsdon85@gmail.com.

Subject: **Atherton Sponsorship, camera ready ad copy deadline MUST be received by Wednesday, September 15th.** ** Sponsor ads will be included on the Atherton Alumni website for 2 months. Please check it out <http://www.athertonalumni.com/>

Reservations \$ _____

Sponsorship \$ _____

Total \$ _____

Atherton High School Alumni Association - *Please print legibly

Your name and/or Company name _____

Address _____

City _____ State _____ Zip Code _____

Cell _____ Email _____

Please mail this form, **all checks payable to Atherton High School Alumni Association** (see front page)

Direct questions to: Hope Johnson Proctor, stopsigncity@twc.com, or 502.409.8274 (landline) or to Kristin Logsdon, kristinlogsdon85@gmail.com, 502.253.2014

Interested in joining the Alumni Association as a VOLUNTEER?

____ **Hall of Fame Committee**

____ **Alumni Foundation**

____ **Nomination Research**

____ **Banquet Event night**

____ **Marketing/Public Relations**

Name _____ Cell _____

Email _____

Year you graduated from Atherton _____