

**RESERVATION FORM**

**Les Dames du Soleil – OOH OOH LA LA**

Sunday, May 9, 2010 - Cocktails at 6:00 PM / Showtime at 7:00 p.m.  
At Renaissance Palm Springs Hotel Ballroom – To Benefit Desert AIDS Project

Mail completed form to: D.A.P. attn: Les Dames 1695 N. Sunrise Way, P.S., CA. 92262

**Order Processed by:** JP Allen **Date:** \_\_\_\_/\_\_\_\_/2010

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

E-mail: \_\_\_\_\_

Please reserve \_\_\_\_ Premium Table(s) at \$450 each (seats 10)

Please reserve \_\_\_\_ Preferred Table(s) at \$350 each (seats 10)

Please reserve \_\_\_\_ Premium Individual Seat(s) at \$45 each

Please reserve \_\_\_\_ Preferred Individual Seat (s) at \$35 each

Please reserve \_\_\_\_ Raised Platform Seat(s) at \$25 each

Please reserve \_\_\_\_ Standing-Room-Only at \$20 each

Please charge the following credit card:

Amex  Visa  MC  Discover Card # \_\_\_\_\_

Exp. date: \_\_\_\_\_ Total amount: \$ \_\_\_\_\_

Check # \_\_\_\_\_ made payable to "Desert AIDS Project"

Name(s) of guests:

Guest 1: \_\_\_\_\_ Guest 2: \_\_\_\_\_

Guest 3: \_\_\_\_\_ Guest 4: \_\_\_\_\_

Guest 5: \_\_\_\_\_ Guest 6: \_\_\_\_\_

Guest 7: \_\_\_\_\_ Guest 8: \_\_\_\_\_

Guest 9: \_\_\_\_\_ Guest 10: \_\_\_\_\_