National Alumni Association
Reading Chapter

Reading Phillies
vs.
New Britain Rock Cats

Friday, June 23, 2006
Buffet: 6:00-8:00 pm
Game Time: 7:05 pm

FirstEnergy Stadium
1900 Centre Avenue
Reading, PA 19605

$25.00 Per Person
(children under four are free)
Price Includes: Dinner/Picnic, Soda, Ice Tea and Lemonade & Game Ticket.

RSVP by May 30, 2006

For more information contact:

Mount St. Mary’s University
Office of Alumni Relations
(301) 447-5362
alumni@msmary.edu

Scott Hoover, C’77
Chapter President
(610) 777-5232
s Hoover@americanportfolios.com

Great Father’s Day gift!

We encourage all Alumni – University, Seminary, MBA, Med, and MPAS to participate in Chapter events. ALL graduates are part of the Alumni Association, and are always welcome at any event.
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Return to: Mount St. Mary’s University ~ Office of Alumni Relations ~ 16300 Old Emmitsburg Road ~ Emmitsburg, MD 21727

Check payable to: Mount St. Mary’s University Cost: $25.00 per person RSVP by: May 30, 2006

_________________________ (specify number) Will attend. Name(s) ________________________________

Address __________________________________________________________________________________

City __________________________ State ________ Zip ________________________________

Email __________________________ Phone ________________________________

(Tickets will be sent to the above address by June 19th.)

Class Year __________, (indicate: College/Graduate School/Seminary) Parent/Friend of ________________________________

List the Name and Class Year of Additional Ticket Holders:

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

List the Name and Class Year of Additional Ticket Holders:

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

Credit Card Options—The undersigned authorizes Mount St. Mary’s to charge (check one):

Visa _________ MasterCard _________ American Express _________ Discover _______ for the amount of $ __________

Credit Card Number Exp. Date 3-digit Security Code

Signature