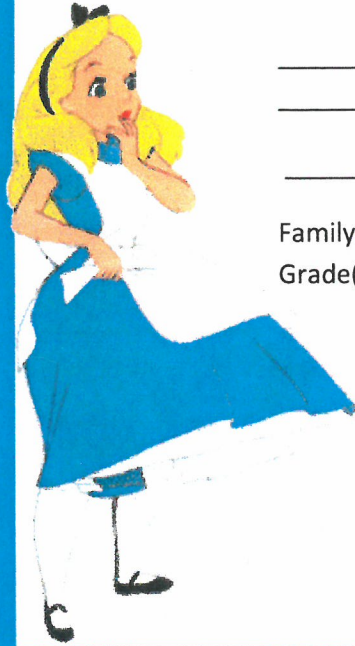


Kindly respond by February 24th



_____ Sorry I will miss this important date

_____ YES I can attend this important date

_____ # of guests

Family Name _____

Grade(s) _____

**Your signature below serves as authorization for
ASCA to bill you & you agree to pay the invoice
by the invoice date via your FACTS agreement.**
