



EVENT RESERVATION & AUCTION ORDER FORM

DECEMBER 7, 2025 · DOUBLETREE BY HILTON PIKESVILLE

Early Bird Special, paid by Wednesday, November 26th

\$75



1

\$50



2

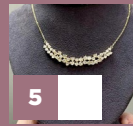
\$35



3



4



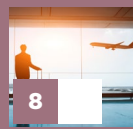
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8

NAME: _____

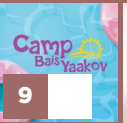
ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____

EMAIL: _____

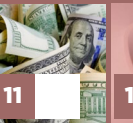
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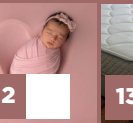
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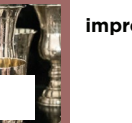
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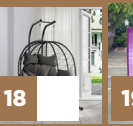
rayze.it/byimpressions/
impressions@baisyaakov.net
443.548.7700 x 522
6300 Smith Avenue
Baltimore, MD 21209



\$20



17



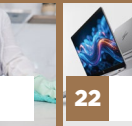
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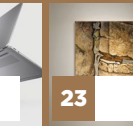
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21



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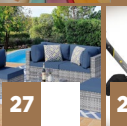
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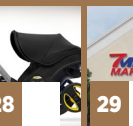
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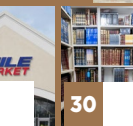
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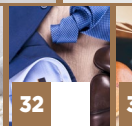
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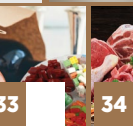
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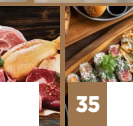
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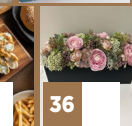
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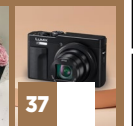
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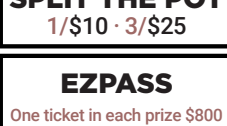
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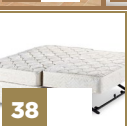
34



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36



37

JACKPOT
1/\$10 · 3/\$25

SPLIT THE POT
1/\$10 · 3/\$25

EZPASS
One ticket in each prize \$800

\$15



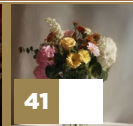
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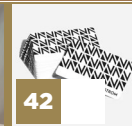
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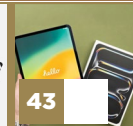
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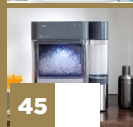
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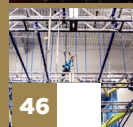
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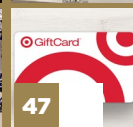
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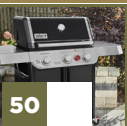


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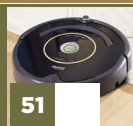


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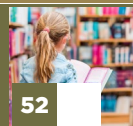
\$10



50



51



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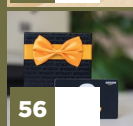
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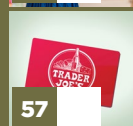
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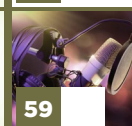
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\$5



60



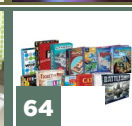
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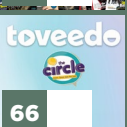
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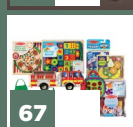
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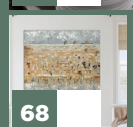
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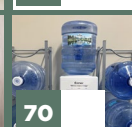
67



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69



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PRICE CALCULATOR

(amount of tickets)

\$75 X _____ = \$ _____

\$50 X _____ = \$ _____

\$35 X _____ = \$ _____

\$25 X _____ = \$ _____

\$20 X _____ = \$ _____

\$15 X _____ = \$ _____

\$10 X _____ = \$ _____

\$5 X _____ = \$ _____

SUBTOTAL \$ _____

PACKAGE DEAL SAVINGS - _____

TEACHER PRIZE TICKETS \$ _____

SPLIT THE POT \$ _____

JACKPOT \$ _____

EZ PASS \$ _____

(TEACHER PRIZES, SPLIT THE POT, AND JACKPOT
TICKETS CANNOT BE INCLUDED IN PACKAGE DEALS)

EVENT RESERVATIONS

☐ **\$85** Includes 1 admission + \$20 of auction tickets

☐ Please register me for free admission with my
purchase of \$250 or more in auction tickets

**ADVANCED RESERVATIONS ARE
REQUIRED TO ATTEND THE EVENT**

TOTAL AMOUNT DUE: \$ _____

TREAT THE TEACHERS

1 FOR \$10 | 6 FOR \$50

TEACHER'S NAME enter into PRIZE:

(circle one)

A B C

A B C

A B C

A B C

A B C

A B C

A B C

PAYMENT METHOD

WE ACCEPT THE FOLLOWING U.S. FUNDS:

☐ VISA ☐ MASTERCARD ☐ AMEX

☐ CHECK (Please make payable to Bais Yaakov School for Girls.)

CARD NUMBER: _____

EXP. DATE: _____

SIGNATURE: _____ CVC _____



EVENT SPONSORED BY
Autumn Lake Healthcare

FOR OFFICE USE ONLY:

ID NUMBER: _____ ☐ Held ☐ Early Bird

Received: _____ Entered: _____