43rd ANNUAL CHEF SOIRÉE
Bogue Falaya Park
Covington, Louisiana

March 21, 2027 ~ 5:00 – 9:00 PM

TICKET PACKAGES

Please complete this form and return to YSB as soon as possible!

Email: events@ysbworks.com Fax: 985-893-2758

Mail: YSB Chef Soirée, 430 N. New Hampshire Street, Covington, LA 70433

YES! I want to support children and families in our community.
"A Gift Given in Jesus' Name" *(the IJN Foundation) will match up to $100,000 for levels $1,000 to $5,000*

Ticket Packages

$3,000 **Cream of the Crop [24 event tickets]**

$2,000 **Big Cheese [16 event tickets]**

$1,000 **Hot Potato [8 event tickets]**

$500 **Smart Cookie [4 event tickets]**

Ticket package sponsors receive recognition on 8,000 Chef Soirée invitations and on the Chef Soirée website, plus a discount on the regular ticket price.

All ticket sales are final, there will be no exchanges or refunds. In the event of cancellation, please regard your ticket purchase as a donation to the Youth Service Bureau.

CHEF SOIRÉE 2027 TICKETS COMMITMENT FORM

To be listed in the event invitation, please fill out this form and return it to:
events@ysbworks.com
Mail: YSB Chef Soirée 430 N. New Hampshire St. Covington, LA 70433

YES! I want to support children and families in our community.

*Please Select your Ticket Level – All $1,000 to $5,000 sponsorships to be matched dollar for dollar up to $100,000 by "**A Gift Given in Jesus' Name**"*

- $3,000 **Cream of the Crop [24 event tickets]**
- $2,000 **Big Cheese [16 event tickets]**
- $1,000 **Hot Potato [8 event tickets]**
- $500 **Smart Cookie [4 event tickets]**
- #_____ @ $145 **Good Egg Individual Ticket [1 event ticket]**

Additional Opportunity – Need not be present to win!

Take a chance to win a 2027 Ford Bronco Sport or Ford Mustang, donated by Banner Ford!

_____ 1 ticket(s) @ $50 each
_____ 2 tickets @ $100
_____ 4 tickets @ $200

ONLY 1500 TICKETS SOLD

Scan Me!

_____

Please PRINT NAME/COMPANY EXACTLY as you want it listed.

_____
Representative Signature (Signature guarantees commitment to Sponsorship.)

_____
Contact Name (if different than Representative)

_____
Mailing Address City State Zip

(____)_____ _____
Office/Home/Cell Phone Email Address

Please indicate preferred payment option below:

□ Check □ Charge my VISA/MasterCard for $_____

_____
Print name as it appears on card

_____
Account # Expiration Date CCV #

YSB Office Use Only

_____
Date Paid

_____
Chef Data Entered

_____
Ticket Numbers

_____
Date Tickets Processed