

4th Annual **CAREGIVER AWARDS**



CAREGIVER AWARDS TICKET PURCHASE FORM

Event Date: April 15, 2010 "Doors Open at 6:00" "Dinner at 6:30"

Payable by check only. Payment must be received by April 8th in order to receive your tickets by mail. Tickets must be purchased in advance. Otherwise, tickets will be available at the "Will Call Table" listed by the name on the check.

Please complete the information below:

Name _____

Address _____

City/State/Zip _____

Daytime Phone: _____ **Evening Phone:** _____

Make Checks Payable to: *Striped Rock c/o Caregiver Awards*

_____ **TICKETS at \$30 = \$ _____ TOTAL AMOUNT DUE**

_____ **TICKETS at \$20 = \$ _____ TOTAL AMOUNT DUE (Ages 65 and older)**

TOTAL TICKETS # _____ TOTAL ENCLOSED PAYMENT: \$ _____

Guest Names:

- | | |
|----------|-----------|
| 1. _____ | 6. _____ |
| 2. _____ | 7. _____ |
| 3. _____ | 8. _____ |
| 4. _____ | 9. _____ |
| 5. _____ | 10. _____ |

NOTE: If you are purchasing more than 10 tickets, please attach another form with additional guest names.

Mail to: Striped Rock, LLC, 7012 Quail Hill Road, Charlotte, NC 28210

Attn: Caregiver Awards

Contact Info: PH: 864.332.6357, 704.965.2868 Email: info@sstripedrock.org

Office Use Only

Total Tickets: _____ Assigned Ticket Numbers: From _____ to _____

Mailed: YES / NO Mailed Date: _____ Mailed By _____

Comments: _____