



CAREGIVER AWARDS TICKET PURCHASE FORM

Event Date: MARCH 20th "Doors Open at 6:00" "Dinner at 6:30"
 Event Location: The Hilton Hotel, 145 Orchard Park Dr. Greenville, SC 29615

Payable by check only. Payment must be received by March 10th in order to receive your tickets by mail. Otherwise, tickets will be available at the "Will Call Table" listed by the name on the check.

Please complete the information below so your tickets can be mailed to you once your check has been received.

Name _____

Address _____

City/State/Zip _____

Daytime Phone: _____ Evening Phone: _____

Make Checks Payable to: *Upstate Senior Network*

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

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

TOTAL TICKETS # _____ TOTAL ENCLOSED PAYMENT: \$ _____

Mail to: Upstate Senior Network
 Attn: Caregiver Awards Committee
 713 E. Greenville St., Ste. D PMB 155, Anderson, SC 29621

Contact Info: PH: 864.322.6357, 704.965.2868 Email: info@stripedrock.org

Office Use Only

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

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

Comments: _____