



**CAREGIVER AWARDS TICKET PURCHASE FORM**

**Event Date: April 28, 2011 Doors open at 6:00pm; Dinner begins at 6:30pm**

**Payable by check only. Payment must be received by April 18<sup>th</sup> 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 \$35 = \$ \_\_\_\_\_ TOTAL AMOUNT DUE**

**# \_\_\_\_\_ TICKETS at \$25 = \$ \_\_\_\_\_ 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](mailto:info@sstripedrock.org)**

Office Use Only

Total Tickets: \_\_\_\_\_ Assigned Ticket Numbers: From \_\_\_\_\_ to \_\_\_\_\_

Mailed: YES / NO Mailed Date: \_\_\_\_\_ Mailed By \_\_\_\_\_

Comments: \_\_\_\_\_

