



CAREGIVER AWARDS TICKET PURCHASE FORM
Event Date: May 22, 2014 "Doors Open at 6:00" "Dinner at 6:30"

Payable by check or online (PayPal). Payment must be received by May 14th 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: _____

Method of payment:

Personal or Company Check _____     _____ (Check One)

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

PayPal Invoice to EMAIL: _____

_____ 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, PO Box 242447, Charlotte, NC 28224-2447, c/o Caregiver Awards**

Contact Info: PH: 864.332.6357, 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/ Special Instructions: _____