

Registration Form
2nd Annual Grand Prix de Monaco Casino Night
September 29, 2012 - 7:30pm – Midnight
Milton Rhodes Center for the Arts



Admission: \$60 per person (\$40 is tax deductible)
Admission includes: heavy hors d'oeuvres; all beverages; 10,000 casino chips

Name: _____

Address: _____
Street address City Zip Code

Phone: _____ **Email:** _____

Number of single tickets _____ @ \$60 each \$ _____

I/We would like to purchase tickets in honor/memory of someone \$ _____
@ \$250 for 2 tickets (\$210 is tax deductible) *please fill in information below

I am unable to attend, but would like to make a donation in support of \$ _____
Parkinson's research through the Michael J. Fox Foundation.

Total (make checks payable to TeamWS) \$ _____

Credit Card Purchase: Bill my: Visa _____ MasterCard _____

Card Number: _____

Expiration Date: _____ Security Code: _____

Signature: _____

***In (please circle) honor / memory of sponsorship...please complete:**
Name of individual to be recognized at event: _____
(in loving memory of John Doe; In honor of Diane Daisy Doe - Name will be listed in program and at special display at event.)

We do not wish to recognize individual at event. Please mail a card to individual/family at following address:

Name	Street Address	City	State	Zip Code
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Please mail your completed form with your check or credit card information to:
Grand Prix de Monaco Casino Night
c/o Kim Weaver
143 N. Hiddenbrooke Drive, Advance, NC 27006
For More Information call Kim at 336-817-0578 or email her at kimweaver00@gmail.com.
Visit Our Website at: www.teamws.org