

Creative Cups 2017 Gala

Please print this form and include it with your check.

Please note: You will not receive tickets.

Your name will appear on a pre-registration list when you check in the night of the event.

Registration will close at 12:00 p.m. on Thursday, March 16.

Walk-in registration will be available at the event for \$65.00.

First Name: _____

Last Name: _____

Phone Number: _____

E-mail Address: _____

Address: _____

City: _____

State: _____ Zip/Postal Code: _____

Please indicate the number of reservations you would like to purchase.

General Admission: _____ (\$50.00 each)

If you are registering for additional guests, please provide their names in the box below:

Creative Cups Artist Rate: _____ Maximum 1.00 (\$35.00 each)

Adelphi Employee Rate: _____ Maximum 1.00 (\$35.00 each)

Hotline Volunteer Rate: _____ Maximum 1.00 (\$35.00 each)

Adelphi Student Rate: _____ Maximum 1.00 (\$25.00 each)

Please make your check out to the Adelphi Breast Cancer Program,
write "Creative Cups Gala" in the "Note" field, and mail to:

Adelphi University Breast Cancer Support Program

Social Work Building

1 South Avenue, PO Box 701

Garden City, NY 11530-0701

Attn: Michelle Lamberson Room #105