



To benefit Alamance County Mayors' Committee for Persons with Disabilities

Full Name: _____ (First name for badge) _____
Preferred Mailing Address: _____
City: _____ State/Province: _____ Zip/Postal Code: _____
Cell Phone: _____ Telephone: (_____) _____
Email: _____ (For informational /contact purposes only!)
I would like to sit with or near the following people: _____

Registration Fees (Includes table space, snacks & lunch on Saturday)

PLEASE CHECK APPROPRIATE REGISTRATION **POSTMARKED & PAID**
BEFORE/ON OCTOBER 7 ☐ \$30 **OCTOBER 8-14 (IF AVAILABLE)** ☐ \$35

TOTAL ENCLOSED: \$ _____

Cancellations/Changes and Refunds: Fees for missed meals, late arrivals, and early departures will not be refunded. Substitutions are allowed at no charge.

PAYMENT METHOD Check or Money Order must be in U.S. funds payable to: **City of Graham**. There will be a \$25.00 fee charged on checks returned by the bank due to insufficient funds. Registration confirmation/receipt and further information will be mailed.

*Please do not email credit card information because security cannot be guaranteed. Please telephone credit card information or pay in person at Graham Municipal Building, 201 S. Main Street, Graham, NC

Please check appropriate box: ☐ Check ☐ Money Order ☐ VISA * ☐ MasterCard *

Please mail or deliver completed registration form with payment to:

**City of Graham
Love Bug Fundraiser
Attn: Sue Routh
PO Drawer 357
Graham, NC 27253**

For updates and more information, visit our facebook page at:
Crop for Charity in Graham NC or call Sue Routh 336-570-6700
ext 129 or srout@cityofgraham.com

