

## 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:	Т	elephone: ()				
Email:			(	For inforn	national /contact pu	urposes only!
I would like to sit with or nea	ar the following people	e:				
Registration Fees (	Includes 6' table spa	ace, welcome package,	lunch & snac	cks)		
PLEASE CHECK APPROPRIAT	E REGISTRATION	POSTMARKED & PAIL BEFORE/ON FEBRUA		□ \$30	AFTER FEBRUAR	<b>y 17</b> □ \$3!
				TOTAL	ENCLOSED: \$_	
Cancellations/Changes Substitutions are allowed					partures will not be	e refunded.
PAYMENT METHOD Che fee charged on checks re information will be mailed.	turned by the bank					
*Please do not email cre information or pay in pers						e credit card
Please check appropriate I	oox: 🗆 Check 🗆	Money Order □ VISA	* 🗖 Master	Card *		
Please mail or deliver o			I		Graham g Fundraiser ue Routh	
For updates and more infor Crop for Charity in Graham		1 0		PO Drav		

ext 129 or srouth@cityofgraham.com

PO Drawer 357 **Graham, NC 27253** 

