



SHERRY'S *Wishes* ENTRY FEE FORM

Date: _____

Last Name: _____

First Name: _____

Address: _____

City: _____ State _____ Zip _____

Phone Number: _____ Best time to contact? _____

Email: _____

(Please don't forget to include email. You will be receiving final details and confirmation ticket for the event via email from stacey@sherryswishes.org.)

Please check appropriate entry fee based on Entry Form Mail date:

___ ENTRY FEE (\$50.00/person BY 9.12.09)

___ ENTRY FEE (\$65.00/person FROM 9.13.09 to 9.26.09)

TOTAL NUMBER OF PEOPLE ATTENDING: _____

TOTAL AMOUNT ENCLOSED FOR EVENT: \$ _____

ADDITIONAL DONATION AMOUNT: \$ _____

Is this donation being made as a Memorial or to Celebrate a survivor? _____

If so please include details or comments below: _____

PLEASE MAKE CHECKS PAYABLE TO:
SHERRY'S WISHES

MAIL ENTRY FEE FORM AND/OR DONATION
NO LATER THAN **SATURDAY, SEPTEMBER 26, 2008** TO:

SHERRY'S WISHES
Attn: **COME BACK TO GIVE BACK**
P.O. BOX 1932
DICKINSON, ND 58601

If you have any questions please contact Stacey Kadrmas at 612.385.4972
or email: stacey@sherryswishes.org