



FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

**GALA REGISTRATION: \$95 Per Guest \$180 Per Couple \$700 Per Table (10 Guests)**

**Name:** \_\_\_\_\_ **Branch:** Soundview Family Y

**Home Address:** \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

**E-mail** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Number of Guests Attending:** \_\_\_\_\_ **Table Name:** \_\_\_\_\_

**Please complete guest information on the back of this form.**

**GALA TOTAL \$** \_\_\_\_\_

**I cannot attend but would like to make a donation in the amount of \$** \_\_\_\_\_

**PAYMENT OPTIONS—Select One Option**

**I would like to pay by credit card for \$** \_\_\_\_\_ (Please contact the Y to provide your Credit Card Information if not on file)

**Please use card on file at the Y ending with:** \_\_\_\_\_  **I would like to pay by cash/check \$** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**THANK YOU FOR YOUR SUPPORT!**

**All Registration Fees assist financial assistance initiatives, ensuring our Y programs FOR ALL to participate in Y Membership, Services, and Programs.**

**Guest Name:** \_\_\_\_\_ **Phone::** \_\_\_\_\_

**Home Address:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Guest Name:** \_\_\_\_\_ **Phone::** \_\_\_\_\_

**Home Address:** \_\_\_\_\_ **Email:** \_\_\_\_\_

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