



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

GALA REGISTRATION: \$95 Per Guest \$180 Per Couple \$700 Per Table (8 or 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:** _____

Guest Name: _____ **Phone::** _____

Home Address: _____ **Email:** _____

Guest Name: _____ **Phone::** _____

Home Address: _____ **Email:** _____

Guest Name: _____ **Phone::** _____

Home Address: _____ **Email:** _____

Guest Name: _____ **Phone::** _____

Home Address: _____ **Email:** _____

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