

20TH ANNUAL FAMILY DAY IN THE HAMPTONS
SUNDAY AUGUST 9, 2009

Wild Wild West Carnival

Name _____

Address _____

City, State, Zip _____

Phone (_____) _____ Email _____

In the event of a weather emergency, please provide a phone number where you can be reached the day before the event:

Cell: (_____) _____ Local Number: (_____) _____

☆ Please reserve: _____ place(s) at **\$175** per adult (**\$200** at the door for adults)
_____ place(s) at **\$100** per child (**\$125** at the door for children, Children under 1 year are free)

HOEDOWN SPONSOR - \$5,000
(10 tickets, 2 raffle books, 2 VIP parking passes)

RODEO SPONSOR - \$2,500
(8 tickets, 1 raffle book, 1 VIP parking pass)

BANDANA SPONSOR - \$1,500
(6 tickets, 5 raffle tickets)

SHERIFF SPONSOR - \$1,000
(4 tickets, 2 raffle tickets)

DEPUTY SPONSOR - \$350
(INCLUDES NO TICKETS OR PASSES)

PARK AT THE ROSS SCHOOL - VIP VALET PARKING PASS
_____\$200 (Sponsors only) ____\$300 (Ticketholders)

ALL SPONSORSHIPS RECEIVED BEFORE JULY 20TH WILL RECEIVE CREDIT IN EVENT PROGRAM.

I/We cannot attend but enclose a donation of \$ _____

I INTEND TO USE MY TICKETS:
_____ # Adults attending _____ # Children attending

I DO NOT INTEND TO USE MY TICKETS

Please enclose a check payable to: **Albert Einstein College of Medicine**

Please charge my : American Express MasterCard Visa

Card Number: _____ Expiration Date: _____

Cardholder's Name: _____ Signature: _____

The value received at this event equals \$60 per person. The balance is deductible to the extent allowed by law.

**FOR MORE INFORMATION,
CALL THE NATIONAL WOMEN'S
DIVISION OFFICE AT 718-430-2818.**

