

REGISTRATION FORM: *Please complete and return with payment.*

SPONSORSHIP OPPORTUNITIES (See reverse for details)

PLEASE IDENTIFY LEVEL

SPONSORSHIP LEVEL: _____ \$ _____

Name: _____

E-mail: _____ Phone: _____

Address: _____

We encourage everyone to dress in team colors or bee attire.

\$35 PER PERSON

TEAM NAME: _____

TEAM MEMBER 1: _____ E-mail: _____

ADDRESS: _____

TEAM MEMBER 2: _____ E-mail: _____

ADDRESS: _____

TEAM MEMBER 3: _____ E-mail: _____

ADDRESS: _____

TEAM MEMBER 4: _____ E-mail: _____

ADDRESS: _____

TEAM MEMBER 5: _____ E-mail: _____

ADDRESS: _____

TEAM MEMBER 6: _____ E-mail: _____

ADDRESS: _____

TEAM MEMBER 7: _____ E-mail: _____

ADDRESS: _____

TEAM MEMBER 8: _____ E-mail: _____

ADDRESS: _____

TEAM MEMBER 9: _____ E-mail: _____

ADDRESS: _____

TEAM MEMBER 10: _____ E-mail: _____

ADDRESS: _____

Make checks payable to CoveCare Center: **ATTN: Development**
1808 Rt. Six, Carmel, NY 10512

TOTAL ENCLOSED \$ _____

Charge my Credit Card: MC VISA AMEX Card #: _____ Exp. _____

Name on card: _____ CVS _____