

Event Registration



GREATER DALLAS COUNCIL
ON ALCOHOL AND DRUG ABUSE

4th Annual "Healthy Youth, Promising Futures" Breakfast

Please call, mail or fax by October 19, 2009.

Name: _____

Address: _____

City/State/Zip: _____

Telephone: _____

Email: _____

Please Reserve:

___ Table(s) seating for eight, at \$500 each

Table One: Guest Names

1: _____

2: _____

3: _____

4: _____

5: _____

6: _____

7: _____

8: _____

Table Two: Guest Names

1: _____

2: _____

3: _____

4: _____

5: _____

6: _____

7: _____

8: _____

___ Individual Ticket(s) at \$50 each (please provide guest names)

1: _____

2: _____

3: _____

4: _____

___ Vegetarian meals requested

___ I am unable to attend the Breakfast, but would like to support vital prevention and intervention for youth with a tax-deductible gift \$ _____

___ My gift is in ___ honor ___ memory of: _____

Please send acknowledgement to...

Name: _____

Address: _____

City/State/Zip: _____

___ I cannot attend, but would like to sponsor ___ ticket(s) at \$50 each for WT White High School "Street Team" student award recipients to attend

My check for \$ _____ is enclosed, payable to the Greater Dallas Council on Alcohol and Drug Abuse

Please charge \$ _____ to my ___ Amex ___ Discover ___ Mastercard ___ Visa

Card Number: _____ Expiration Date: _____

Authorization Code (3 digits on back): _____ Billing Zip Code: _____

Name as it appears on card: _____ Authorized Signature: _____

All reservations held at door.

4525 Lemmon Avenue, Suite 300, Dallas, TX 75219

Telephone 214.522.8600 Fax 214.521.7253

www.gdcada.org