



Table and Ticket Reservation Form

Invitations will be mailed separately

Ahoy! We would love to join you aboard:

___\$10,000 Platinum Title Sponsor
seats 10, special recognition, waited service, event favors

___\$5,000 Gold Sponsor
seats 10, waited service, event favors

___\$2,500 Silver Sponsor
seats 8

Purchasing ___Seats @\$350/seat

Monetary Donation of \$_____

Fax reservation form to 808-521-4689 or
email info@HCCF.org.

Mail reservations and/or payment to:
Hawai'i Children's Cancer Foundation
1814 Liliha Street, Honolulu, HI 96817

For more info, visit www.HCCF.org

Contact Info:

Contact person_____

Business Name_____

Business Address_____

City_____ State___ Zip_____

Telephone_____

Email_____

Payment method:

check (enclosed): for \$_____

credit card **visa/mc./amex** \$_____

Card Holder's Name:_____

Card#_____

Expiration Date:___/___ CV#_____