



TABLE AND TICKET RESERVATION FORM

INVITATIONS WILL BE MAILED SEPARATELY

YES! WE WILL **SADDLE UP AND SUPPORT HCCF:**

____ \$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:
HAWAII 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# _____