

Crop for a Cure 2014 Registration Form
November 15, 2014
9 AM - 9 PM
Lehigh Valley Hospital, Cedar Crest

MAKE ALL CHECKS PAYABLE TO: CROP FOR A CURE

To register for the Crop for a Cure, mail this form and your \$30 deposit (or \$55 full payment) to :

Crop for a Cure
7151 Old Orchard Ct
New Tripoli, PA 18066

Name _____

EMAIL (required) _____

Phone () _____

Please be sure this info is legible, especially your email address, this is how we will communicate details of the event to you and confirm your registration. There are no official tickets.

I would like to sit with the following people: _____

For more information about this event, visit www.kinnonkeepsakes.typepad.com .

The crop is full at 100 and is open to anyone over the age of 12. The \$25 balance is due by 11/1/14. Registrations are taken on a first come, first serve basis. Cancellations will not receive the \$30 deposit as a refund. It will be donated to the cause. Cancellations prior to 11/1 will receive the additional \$25 if paid in full. No refunds after 11/1.

MAKE ALL CHECKS PAYABLE TO: CROP FOR A CURE!