



**FASHION WITH COMPASSION
INDIVIDUAL TICKET & TABLE COMMITMENT FORM
Fashion Show & Luncheon 2009
Hotel Sofitel, Saturday Nov 21, 2009**

TABLES

- Yes, I'll be a table sponsor for \$450 and fill the 10 seats with my own guests.
 Yes, I'll pay the \$450 and fill most of the seats. The remaining chairs can be assigned to other guests.
 I'll sponsor a table at \$450.00 but cannot attend. Please fill the seats with residents or other guests.
 Yes, I'll captain a table & invite others to join me. *We will each pay separately. (guests fill out backside, group price is \$45/ticket if 3 or more in a group).*

Table Sponsor/Captain Name & Guest Names:

_____, _____
_____, _____
_____, _____
_____, _____
_____, _____

SINGLE TICKETS

I won't be able to sponsor or captain a table, but will gladly attend as a single paying guest at \$55/chair. I've marked below my method of payment (visa or check) NOTE: If you have more friends, group of 3 or more get in at \$45/chair.

CAPTAIN OR SINGLE TICKET PAYMENT & CONTACT INFO

Name _____ Phone _____

Business/Church/Group: _____

Address: _____ Email _____

Payment type: Check ___; Visa ___ MC ___ Card # _____ Ex date _____

Name & Address on card: _____

_____ Zip _____ Phone: _____

Fill out and return with payment by Friday 11/13. MHM Fax: 612-721-5005 or Mail to:
Metro Hope Ministries, 2739 Cedar Ave S, Mpls, MN 55407, Attn: Mary Akehurst.



“A Heart filled with Gratitude” 2009 Fall Fashion Show

Table Captain Individual Guest Document

Each guest who will pay their own way fills out this form.

If you are part of a group of 3 or more, your entry cost is \$45/ticket.

Please note your captain so we can seat your group together.

**Forms can be faxed to 612-721-5005 or mailed to the Metro Hope office, 2739 Cedar Ave S, Mpls 55407
attn: Fashion Show with check or credit card information below.**

Guest (Your name) _____ Phone _____

Table Captain (who invited you?) _____

Your Address: _____

Email _____

Payment type: Check ___; Visa ___ MC ___ Card # _____

3 digits on back _____ Ex date _____

Name & Address on card: _____

_____ Zip _____ Phone: _____

Checks can be mailed to Metro Hope Ministries, 2739 Cedar Ave S, Mpls, MN 55407. Attn: Fashion Show. on your check memo note: FS registration fee. Form & Credit Card info can be faxed to 612-721-5005, attn: Fashion Show. Staff contact is Mary Akehurst, 612-721-9415 x103