



Beauty Bash Registration Form

Please mail this form and your check to:

Card Care Connection
112 Saddlehorn Court
Fenton, Missouri 63026

Date: _____

You may also donate online at www.cardcareconnection.com

Enclosed is my check in the amount of \$ _____ payable to Card Care Connection.

I have donated via Paypal.

I will pay at the event (accepting cash or check only)

My Name: _____

Address: _____

Email: _____

Phone: _____

Additional Registration:

Participant 1 Name: _____ Age: _____

Participant 2 Name: _____ Age: _____

Participant 3 Name: _____ Age: _____

Our program depends on the kindness of our supporters. Please select the ways you would like to be involved:

I know someone with cancer who could benefit from this program.

Please keep me informed about future volunteer opportunities.

I am interested in making a monetary donation.

I would like to donate handmade cards.

We look forward to seeing you at the Beauty Bash!