



# EVENT REGISTRATION FORM



Company Name (if applicable)

Contact Name

Address

City

State

Zip

Phone #

Email

## Select Your Events:

### FRIDAY BENEFIT GALA

- Gala Ticket(s) - \$250 \_\_\_\_\_ #
- Reader Circle - \$5,000
- Poet Circle - \$10,000
- Laureate Circle - \$25,000+

Total Enclosed: \$ \_\_\_\_\_

**Names of Guests** - if purchasing more than one gala ticket, list the first and last name of each guest:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_
7. \_\_\_\_\_
8. \_\_\_\_\_
9. \_\_\_\_\_
10. \_\_\_\_\_

### SATURDAY CELEBRATION

- I'll Be There \_\_\_\_\_ # of attendees
- Donation \$ \_\_\_\_\_ optional
- I can't attend but would like to send a donation \$ \_\_\_\_\_

**Attendees** - If registering more than one person, list the first and last name of each attendee:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_
7. \_\_\_\_\_
8. \_\_\_\_\_
9. \_\_\_\_\_
10. \_\_\_\_\_

Thank you so much for your support! Please make check or money order payable to the **JMU Foundation** and return it with this card to:

Furious Flower  
Poetry Center  
MSC 3802  
500 Cardinal Dr.  
Harrisonburg, VA 22807

