

**Registration Form
Crossroads Christian School**

Name: _____

Company: _____

Address: _____

Phone: _____ Fax: _____

Email: _____

**Please reserve our place
Saturday, May 31, 2008
Doubletree Hotel Lloyd Center
***If you reserve and pay for your space by January 31st
you will receive a 10% discount!!!*****

Please check boxes that apply and if your level of sponsorship includes an ad in the event catalog please complete the advertising contract.

- \$1,500 Gold Sponsor-includes table for 10 in prime location, full-page ad, and visibility during the event.
 - \$1350 if paid by 1/31/08**
- \$1,000 Silver Sponsor-includes table for 10 in preferred location and half-page ad.
 - \$900 if paid by 1/31/08**
- \$750 Bronze Sponsor-includes table for 10 in special location and half-page ad.
 - \$675 if paid by 1/31/08**
- \$500 Table for Ten
 - \$450 if paid by 1/31/08**
- \$150 Friend of Crossroads Christian-Includes 2 seats and listing in catalog
 - \$135 if paid by 1/31/08**
- \$50 per person for dinner, silent and live auction
_____ X \$50 = _____
 - \$45 per person if paid by 1/31/08**
 - Payment enclosed for \$ _____
 - Bill my VISA/MC for \$ _____
Cardholders Name: _____
Card Number: _____
Exp. Date: _____
Signature: _____
- Reserve my place and send me an invoice for \$ _____
Send invoice to: _____

- We would like to contribute to the "Honor our Teachers Fund" to allow a teacher or staff member to attend the auction as our guests.***
Amount: _____
- Unable to attend but we would like to make a contribution in the amount of: \$ _____

Please complete the opposite side...

Guest Names and Addresses:

Please list guest names with complete address information.
Name and address information may be sent in later if not yet confirmed.

Name: _____
Address: _____
City, State, Zip: _____
Email: _____ Phone: _____

Name: _____
Address: _____
City, State, Zip: _____
Email: _____ Phone: _____

Name: _____
Address: _____
City, State, Zip: _____
Email: _____ Phone: _____

Name: _____
Address: _____
City, State, Zip: _____
Email: _____ Phone: _____

Name: _____
Address: _____
City, State, Zip: _____
Email: _____ Phone: _____

Name: _____
Address: _____
City, State, Zip: _____
Email: _____ Phone: _____

Name: _____
Address: _____
City, State, Zip: _____
Email: _____ Phone: _____

Name: _____
Address: _____
City, State, Zip: _____
Email: _____ Phone: _____

Name: _____
Address: _____
City, State, Zip: _____
Email: _____ Phone: _____

Name: _____
Address: _____
City, State, Zip: _____
Email: _____ Phone: _____

Please fax or mail to:
2505 NE 102nd Avenue Portland, OR 97220 Phone: 503-254-1431
Fax: 503-663-5510 www.ccscougars.com