



the mary therese rose fund

HAUNTED HOEDOWN EVENT REGISTRATION AND PAYMENT

PLEASE FILL OUT AND RETURN. CHECK MORE THAN ONE BOX WHERE APPLICABLE.

Name _____

Street Address _____

City _____ State _____ Zip _____

Phone _____ e-mail _____

YES, I will attend. Please accept my payment of \$ _____ for:
_____ Adult(s) @\$160 each (\$80 tax deductible) _____ Children @ \$80 each (\$50 tax deductible) _____ Tables of 10 @ \$1,000 each (\$600 tax deductible)

Early Registrants (Postmarked prior to 9/18/2023) _____ Adult(s) @\$150 each (\$70 tax deductible) _____ Children @ \$60 each (\$30 tax deductible)

Please accept my donation of \$ _____

Include me or my company in the looping slide show _____ Slide(s) @ \$250 each (please provide text as needed in space provided on back)

PAYING BY CREDIT CARD? PLEASE ALSO FILL OUT THE FORM BELOW.

Card Type (AMEX not accepted)



Card # _____ CVV Code _____ Exp Date _____

Name (as it appears on card) _____

Address _____

City _____ State _____ Zip _____

Signature _____

Mail completed form to: The Mary Therese Rose Fund, Inc. c/o Jack Crilly, 33 Wolfe Drive, Wanaque, NJ 07465
Make checks payable to The Mary Therese Rose Fund, Inc.