**2019 Starlight Ball Registration Form**

**Register Early! Event will sell out this year! Seats are limited!**

**Registration for the 2019 Starlight Ball**- Please list all names of those attending the Starlight Ball; attendees at the top and staff/helper/family at the bottom. **Enclose payment for each person attending, $60 Meal, $10 NPO. Please complete each section below & required info to ensure timely processing.**

Full Home Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Contact Person and Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Home #, Street, Town Required Required+Zip Required**

**Required**

**Required**

Agency Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| Name**One Address Per Form** **Max 10/table Agency/Home/Groupings may be split****Must Be Legible – Typing encouraged ☺**  | Meal Choice Image result for check mark | Food Consistency Image result for check mark \*Not responsible for Liquid Consistency – Individual/Staff/Family must bring own thickeners | List food allergiesIndividual/Staff/Family responsible to ensure for safety | Using Wheelchair ?Image result for check mark | Payment Enclosed:Type & Amount |
| Beef | Chicken | Veggie | NPO | Whole | ½ x ½  | ¼ x ¼  | Ground | Pureed | Yes | No | Cash | Check | MO | Office Use |
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| Staff/Helper: |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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(If you need more room, please make another copy of form and attach, thank you. Staff changes will assume the meal ordered on registration)

**REQUIRED:** Emergency Contact: Name and Number during the Starlight Ball: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Agency or Family: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Fully Paid Registration Must Be Received By: Friday, May 17th 2019**

**Forms received after 5/17/19 will be seated based on availability.**

**Required**

Vehicle: (Number of each) Wheelchair van \_\_\_\_\_ Standard Van \_\_\_\_\_ Car\_\_\_\_\_\_ Limo \_\_\_\_\_ Getting dropped off \_\_\_\_

Please note any preferences for seating: We will do our best to accommodate but are not guaranteed.

**Mail completed form and payment to: Nancy Carlise DDS NR 155 Founders Plaza, East Hartford, CT 06108 Checks payable to DDS NR Trustee Fund. Cash/check/Money Orders only. No “receipts” available at time of submission. Copy of registration marked “PAID” will be sent to email address above after processing to use as your receipt.**