



Breakfast With Champions - (Seattle) Reservation Form

Please print this form and fax or send to the information listed below.

Name _____

Address _____

City _____ State _____ Zip _____

Day Phone _____ Evening Phone _____

Email _____

Corporate Reservation:

Please reserve a Corporate Table of ten seats at \$1,500 (guest list noted below)

Individual Reservations (please check one):

Please reserve _____ seats

I cannot attend, but would like to make a tax-deductible contribution of \$ _____

Table Seating (please check one):

I am hosting a table of ten, my guests are listed below

I am sitting with friends, please seat me with the guests listed below

I can sit at a no-host table

Method of Payment:

I will send a check in the amount of \$ _____

You may pay by credit card online or by phone. Please call 206-362-4949 ext. 204

Please complete and return the following guest to:

Special Olympics Washington
2150 North 107th Street, Suite 220
Seattle, WA 98133
Fax: 206-361-8158



My nine table guests are - or - I am sitting with:

1. Name _____ Business Name _____
Address _____
City _____ State _____ Zip _____
Phone _____ Email _____

2. Name _____ Business Name _____
Address _____
City _____ State _____ Zip _____
Phone _____ Email _____

3. Name _____ Business Name _____
Address _____
City _____ State _____ Zip _____
Phone _____ Email _____

4. Name _____ Business Name _____
Address _____
City _____ State _____ Zip _____
Phone _____ Email _____

5. Name _____ Business Name _____
Address _____
City _____ State _____ Zip _____
Phone _____ Email _____

6. Name _____ Business Name _____
Address _____
City _____ State _____ Zip _____
Phone _____ Email _____

7. Name _____ Business Name _____
Address _____
City _____ State _____ Zip _____
Phone _____ Email _____

8. Name _____ Business Name _____
Address _____
City _____ State _____ Zip _____
Phone _____ Email _____

9. Name _____ Business Name _____
Address _____
City _____ State _____ Zip _____
Phone _____ Email _____