

REGISTRATION/TICKET REQUEST FORM



My Sista, My Friend

Young Women's Conference and Sisterhood Gathering

Saturday, October 25, 2008

Bond Hill Academy - Cincinnati

10:00a.m. - 4:00p.m.

Registration/Breakfast begins at 9am

Ticket Purchaser: _____

(Please Print)

Address: _____

City _____ State _____ Zip _____

Daytime Phone: _____ E-mail: _____

Birthday (mm/dd/yyyy)

- **Adult's** First/Last Name _____
- **Youth's** First/Last Name _____
- **Youth's** First/Last Name _____
- **Youth's** First/Last Name _____
- **Youth's** First/Last Name _____
- **Youth's** First/Last Name _____

The conference is targeted to young women ages 13 – 25 and mature adult women who work with young women. An adult chaperone can bring up to five young women. Tickets are \$20.00 per person.

All tickets must be purchased in advance.

___ Adult Tickets @ \$20.00 = \$ _____

___ Youth Tickets @ \$20.00 = \$ _____

Total Amount \$ _____

To purchase tickets:

Mail the completed ticket request form* with payment to "Eye of the Artists Foundation", Attn: My Sista My Friend, 1860 Wynnewood Lane, Cincinnati, OH 45237 by Friday, October 10, 2008. Tickets will be mailed on Wednesday, October 15, 2008.

No Refunds. Eye of the Artists Foundation is not responsible for lost or misdirected mail. All information on this registration/ticket request form must be completed to process your order.

DO NOT WRITE BELOW THIS LINE - FOR INTERNAL USE ONLY

Date Received _____ ID Number _____ Ticket # _____