



ENTRY FORM

Please print this form and submit with entry fee of \$25. Each entry will receive a complimentary ticket to the Gala. Entry form must be received no later than May 19, 2008. (Bra to be delivered separately.)

(Please print)

Name: _____

Address: _____

City, State, Zip: _____

Phone: _____ Email: _____

Name of Entry: _____

Materials Used: _____

If your bra is in memory or in honor of someone, complete next two lines (not required).

My bra is: (circle one)

In Memory Of In Honor Of

What is the value of your entry? \$ _____
(Half this amount will be the opening auction bid. If blank, we will determine value.)

Enclose \$25 entry fee: \$ _____
Make checks out to Soroptimist of Capitola

Authorization, Release And Agreement

I have read, understand, and agree to abide by the rules and regulations set forth in this entry application form. By submitting this form, I agree to provide Bras for a Cause with a themed, decorated bra and agree to the entry fee of \$25. Bras can be accompanied by donated items to increase their auction value. The deadline to register and turn in the bras is **Monday, May 19th**. Soroptimist International of Capitola-By-The-Sea reserves the right to use my bra and photographs of my bra for publicity, advertising, and promotional purposes. I hereby grant permission to Soroptimist International of Capitola-By-The-Sea to use my name, likeness and/or voice, for all publicity purposes and in any media format. Media formats include, but are not limited to: newspapers, magazines, television, radio, film, or the Internet.

Please let us know if you are interested in joining our club!

SI Capitola membership provides a variety of benefits, including fulfillment from working on projects that improve the lives of others, cultivating friendships with other women who have similar interests, networking with other women, and developing leadership skills.

Yes, contact me about membership.

I have read the enclosed authorization, release and agreement and agree to the contents thereof.

Signature: _____ Date: _____

Mail to: Bras for a Cause
c/o Soroptimist of Capitola
P.O. Box 576 Capitola, CA 95010

For more information, contact Carol DeLauder at contact@bras4acause.org or (831) 438-6092.