

# TASTE AT THE COVE 2017 – THURSDAY, AUGUST 31, 2017

## Registration Form

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1. **Please print and fill out this form.**

2. **Each table seats 10 people.**

- VIP Lounge = \$5500
- VIP Table = \$3500

3. **Contact Information**

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

Company: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Business phone: \_\_\_\_\_

Other phone: \_\_\_\_\_

Email address: \_\_\_\_\_

4. **Method of Payment:**

- Check (payable to San Diego Sports Medicine Foundation)
- Send Invoice
- Credit Card: VISA, Master Card, American Express (circle one)

Name on Card: \_\_\_\_\_

Account Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ Sec Code: \_\_\_\_\_

Signature: \_\_\_\_\_

5. Return via email: [kira@thekiraco.com](mailto:kira@thekiraco.com)

Or via mail:

San Diego Sports Medicine Foundation

PO Box 23023

San Diego, CA 92193-3023

If you have any questions, please call Kira at 858-492-1116.

Thank you for supporting the San Diego Sports Medicine Foundation.