



Headdress Ball 2012 – Headdress Competition
Official Registration Form

Hilton Orlando
Charity Event for the Hope and Help Center of Central Florida
Saturday, October 6, 2012

Date: _____

Company Name: _____

Name: _____

Email Address: _____

Contact Number: _____

Designer Name: _____

Awards are as follows. Third Place Overall, Second Place Overall and First Place Overall awards will be given based on the criteria of originality, beauty, outrageousness and exotic quality.

Name of Your On-Stage Presenter: _____

Back Stage Crew: (limit 2) _____

Please Fax the completed form to 407-645-1570 ATT: Maggie King
or you can e-mail to: events@hopeandhelp.org



Headdress Competition Payment Form

METHOD OF PAYMENT

Please attach a check in the amount of **\$50.00** made payable to *Hope and Help Center of Central Florida* or complete the following credit card information

____ Visa ____ MasterCard ____ AMEX Validation # _____ Exp Date _____

Card Number _____

Name as it appears on card _____

Signature _____ Billing

Address on Card _____

Company Name _____

Telephone (____) _____ Fax (____) _____

Where did you hear about Headdress Ball?

Please mail or fax reservation form to – Maggie King, Director of Development,
Hope and Help Center of Central Florida

1935 Woodcrest Dr., Winter Park, FL 32792, Fax: (407) 645-1570

For more information call (407) 645-2577 x112.

FOR AGENCY USE ONLY

\$_____ Amount Paid

Date Received _____

Authorization Code _____

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