

GULF COAST CARNIVAL ASSOCIATION
P.O. BOX 1923
BILOXI, MISSISSIPPI 39533
228-432-8806 admin@gulfcoastcarnivalassociation.com
www.gulfcoastcarnivalassociation.com

We wish to address your invitations and list your sponsorship for the coronation program exactly as you desire. To do so, we must have the information readily available. Please complete this data sheet and promptly return it, along with your check or credit card \$450.00 by mail to the Carnival office.

1. INVITATIONS TO VARIOUS EVENTS:

NAME _____
(Please specify Mr. and Mrs., Mr., Ms., Dr., Dr. and Mrs., Miss or etc.)

ADDRESS _____

CITY _____ STATE _____ ZIP _____

2. CORONATION BALL PROGRAM:

We will list both firm name and your name, or only one of the other. Please express your preference by completing the following:

I desire the LISTING to read (Check one below and complete "A" or "B")

_____ Firm name and personal name (Complete both "A" and "B")

_____ Firm name only (Complete "A" only)

_____ Personal name only (Complete "B" only)

A. FIRM NAME

NAME _____

B. INDIVIDUAL

NAME _____

3. First Names _____ and _____

4. PHONES: _____ Home _____ Cell _____ Office _____

E-Mail _____

5. VOLUNTEERS:

We are always looking for sponsors to be involved. If you would like to actively participate in any of the functions, please let us know. If you are not sure exactly how to actively participate, please call the carnival office (432-8806) for listings which might interest you.

NAME _____ PHONE _____

ACTIVITY _____

6. PAYMENT

Credit Card _____ Type _____ Expiration _____

Signature _____

Check Number _____ Cash _____