



1st Annual Awards Gala 

GASINO NIGHT

Attendee Registration

Saturday, April 13, 2019 | 5-10 pm | Hyland Hills Ski Area

Name _____

Organization (As it will be listed) _____

Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____ E-mail _____

Meal Options:

Main Dish (choose one):

- Garlic & Herb Chicken (served with buttered red potatoes and herb-roasted seasonal veggies)
- Roasted Salmon - GF (served with buttered red potatoes and herb-roasted seasonal veggies)
- Sweet Potato & Chickpea Curry – V/GF (served with herb-roasted seasonal veggies)

Salad (choose one):

- Caesar Salad
- House Salad – V/GF
- None

Dessert (choose one):

- Sea-Salt Caramel Budino
- Poached Apples – GF
- None

Gala Ticket \$40

Additional Gala Tickets \$40 x _____ Additional tickets (Please fill out a new form for each additional attendee.)

Grand Total: \$ _____

Payment

Check (made payable to MCA) VISA MasterCard Discover AMEX

All Credit Card fields are required

Card Number _____ Exp. Date _____ Security Code _____

Cardholder Name (Print) _____

Billing Address (if different than above) _____

City/State/Zip _____ Cardholder Signature _____

Send your completed form and payment to:

MCA

1000 Westgate Drive, Suite 252

St. Paul, MN 55114 • or fax to 651-290-2266

Per **PCI compliance** standards, we will not accept this form via email. Please mail or fax this form.

Cancellation Policy: With written cancellation notice, received one week prior to the event, you will receive a refund, less a \$25 processing fee. Cancellations the week of the event are non-refundable. Notice of cancellation must be faxed to the MCA office.

(For office use only)

initials	fin.
date	
CK/CC	
amt. paid	
bal. due	

