

# Kennedy-King Dinner - VOTE BLUE IN 2022

Easy Online Registration at: [www.sarasotadems.org/events/kennedyking/](http://www.sarasotadems.org/events/kennedyking/)

## Kennedy-King Dinner Registration Form:

Please fill out areas with \* entirely, as they are necessary in order to satisfy FL election law and/or process payment.

\*Name: \_\_\_\_\_ \*Email: \_\_\_\_\_  
\*Occupation: \_\_\_\_\_ \*Phone Number: \_\_\_\_\_  
\*Address: \_\_\_\_\_

	Number of Tickets	Ticket(s) Cost
<b>DINNER TICKETS:</b>		
Individual Ticket	\$150 x's _____	= \$ _____
Student Ticket	\$75 x's _____	= \$ _____

<b>SPONSORSHIP LEVELS *INCLUDES (#) TICKETS:</b>		
(10) Kennedy-King Keynote	\$20,000 x's _____	= \$ _____
(8) Kennedy-King	\$10,000 x's _____	= \$ _____
(6) Rise Up	\$5,000 x's _____	= \$ _____
(4) Action Now	\$2,500 x's _____	= \$ _____
(2) Fight Back	\$1,000 x's _____	= \$ _____
(1) Friend of the Party	\$500 x's _____	= \$ _____

**ADDITIONAL DONATION:** \$ \_\_\_\_\_

**TOTAL COST:** \$

Please fill in the names of up to 10 paid guests. **IF YOU ARE DONATING ANY SEATS, PLEASE WRITE "DONATE" ON THOSE LINES.** You may also write in "guest" if names are currently unknown. **Names and menu selections must be provided to SCDP within 1 week of the event by calling 941-330-9400.** Meal will default to CHICKEN if none selected.

<b>GUEST NAMES AND MEALS:</b>	
1. _____	<input type="checkbox"/> Chicken <input type="checkbox"/> Fish <input type="checkbox"/> Vegetarian
2. _____	<input type="checkbox"/> Chicken <input type="checkbox"/> Fish <input type="checkbox"/> Vegetarian
3. _____	<input type="checkbox"/> Chicken <input type="checkbox"/> Fish <input type="checkbox"/> Vegetarian
4. _____	<input type="checkbox"/> Chicken <input type="checkbox"/> Fish <input type="checkbox"/> Vegetarian
5. _____	<input type="checkbox"/> Chicken <input type="checkbox"/> Fish <input type="checkbox"/> Vegetarian
6. _____	<input type="checkbox"/> Chicken <input type="checkbox"/> Fish <input type="checkbox"/> Vegetarian
7. _____	<input type="checkbox"/> Chicken <input type="checkbox"/> Fish <input type="checkbox"/> Vegetarian
8. _____	<input type="checkbox"/> Chicken <input type="checkbox"/> Fish <input type="checkbox"/> Vegetarian
9. _____	<input type="checkbox"/> Chicken <input type="checkbox"/> Fish <input type="checkbox"/> Vegetarian
10. _____	<input type="checkbox"/> Chicken <input type="checkbox"/> Fish <input type="checkbox"/> Vegetarian

## Payment Information:

### CREDIT CARD:

Card Number: \_\_\_\_\_  
Name on Card: \_\_\_\_\_ Exp Date: \_\_\_\_\_ CVV: \_\_\_\_\_  
Billing Address (No P.O. Box): \_\_\_\_\_

**CHECK:** If paying by check, payment MUST be postmarked no later than 10 business days before the event. Write "KKD" in memo line. Make checks payable to DECSC and mail this form with check to: P.O. Box 5833, Sarasota FL 34277

**Email address must be provided correctly as confirmation of your RSVP will be emailed once your payment is processed.**

