## CREATIVE ARTS CHARTER SCHOOL HEARTS FOR THE ARTS BENEFIT AUCTION

## **Count-Me-In Form**

Host Re	epresentative (	Person who will co	mmunicate with the	auction committe	ee.)
Name:					
Phone:		email:			
Co-Hos	ts	☐ Yes! Please h	elp me find more co	-hosts.	
(Please list	any additional host nan	nes on back.)			
Count-N	Me-In Event Inf	ormation			
Event Title:					
Event Date:	: 1	2		3	
	(Please provide three	(3) possiblities list	ed in order of prefer	ence.)	
	Event Start Time:	: AM	<u>/PM</u> End Time (if s <sub>l</sub>	pecified):	: AM/PM
Event Street	t Address: ———				
	City:		State:	Zip Code:	
Event Descr	ription (Please include a	ny activites, them	e, food, drinks, ente	ertainment, etc.):	
Circle One:	ADULTS ONLY		KIDS ONLY		FAMILIES
Number of ADULT slots:			Suggested Price Per Slot:		
Number of KID slots:			Suggested Price Per Slot:		





Proceeds from the auction will benefit Creative Arts Charter School. All donations are tax deductible: non-profit tax ID #94-320-5197