

# 2007 WINE AND ROSES FESTIVAL



Please include the names of **all** ticketholders.

Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

Thank you!

Phone \_\_\_\_\_ Email \_\_\_\_\_

Saturday JAN. 27	<b>Wine Clinic</b>	3:00 pm, Whispering Creek Golf Club	<b>\$ 50.00</b> x _____ tickets = \$ _____
Thursday MARCH 29	<b>A Time to Remember</b>	6:30 pm, Le Mars Convention Center	<b>\$ 65.00</b> x _____ tickets = \$ _____
Friday MARCH 30	<b>Winemakers Dinner</b>	6:00 pm, Sioux City Country Club	<b>\$ 150.00</b> x _____ tickets = \$ _____
Saturday MARCH 31	<b>Gala Tasting &amp; Auction</b>	6:00 pm, Orpheum Theatre	<b>\$ 50.00</b> x _____ tickets = \$ _____

## TICKET PACKAGES (Join us at more than one event, and save!)

<b>Cabernet Package</b> <i>save \$50.00</i>	Two <b>Wine Clinic</b> tickets • Two <b>Winemakers Dinner</b> tickets • Two <b>Gala Tasting &amp; Auction</b> tickets	<b>\$ 450.00</b> x _____ = \$ _____
<b>Pinot Noir Package</b> <i>save \$40.00</i>	Two <b>Winemakers Dinner</b> tickets • Two <b>Gala Tasting &amp; Auction</b> tickets	<b>\$ 360.00</b> x _____ = \$ _____
<b>Zinfandel Package</b> <i>save \$40.00</i>	Two <b>Wine Clinic</b> tickets • Two <b>Winemakers Dinner</b> tickets	<b>\$ 360.00</b> x _____ = \$ _____
<b>Merlot Package</b> <i>save \$25.00</i>	Two <b>Wine Clinic</b> tickets • Two <b>Gala Tasting &amp; Auction</b> tickets	<b>\$ 175.00</b> x _____ = \$ _____

<b>TOTAL</b>	<b>\$</b> _____
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### Please check your preferred method of payment.

\_\_\_\_\_ Check enclosed.

\_\_\_\_\_ Visa Card Number \_\_\_\_\_

\_\_\_\_\_ MasterCard Name on card: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

\_\_\_\_\_ American Express Cardholder's signature \_\_\_\_\_

**Please send this form along with your payment to**

**Alzheimer's Association, Big Sioux Chapter**  
420 Chambers Street • PO Box 3716  
Sioux City, IA 51102-3716

*Tickets will not be reserved without payment. Thank you for your support!*