**The Vermont Children's Trust Foundation’s**

***THE POLAR EXPRESS™***

**2017 FAMILY BELL RINGER SPONSORSHIP**

**PLEASE NOTE:** This completed form and your payment must be **postmarked by November 1, 2017.**

Please mail to: VCTF: 95 St. Paul Street, Suite 330, Burlington, VT 05401.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

NAME

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ADDRESS CITY STATE ZIP

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

TEL E-MAIL

*Please indicate number of tickets requested per train. Children under 24 months do not need a ticket and are considered lap passengers. If you prefer they have their own seat, please purchase a ticket.*

|  |  |  |  |
| --- | --- | --- | --- |
| **Saturday, December 9** | | **Sunday, December 10** | |
| **Boarding Time** | **# of Tickets** | **Boarding Time** | **# of Tickets** |
| 11:45 |  | 11:45 | SOLD OUT |
| 12:45 |  | 12:45 |  |
| 1:45 |  | 1:45 |  |
| 2: 45 |  | 2: 45 |  |
| 3: 45 |  | 3: 45 |  |
| 4: 45 |  | 4: 45 |  |
| 5: 45 |  | 5: 45 |  |
| 6: 45 |  | 6: 45 |  |
| **Either Day/Any Time** | | **# of tickets:** | |

Total number of tickets requested \_\_\_\_\_\_ (limit 5) @ $30.00 each= $\_\_\_\_\_\_\_\_\_

**FAMILY Bell Ringer sponsorship:** I want to sponsor the event at $150 or more.

Please list the following name as a sponsor in the Song Book:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_

($150, $500, $1,000)

I want to donate tickets to a children’s organization:\_\_\_ # of tickets \_\_\_\_@$30/ea. $ \_\_\_\_\_\_\_\_\_

**Processing** **fee** (orders without this fee included will be returned) **$ 12.00\_**

**Total Amount enclosed**  $\_\_\_\_\_\_\_\_\_\_

Payment method: \_\_\_\_\_ Check payable to VCTF check #\_\_\_\_\_\_\_\_\_ -or- MasterCard\_\_\_\_\_ Visa\_\_\_\_\_

Card Number:  **−** **−** **−**\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Expiration Date:\_\_\_\_\_\_\_\_\_\_\_ Security Code \_\_\_\_\_\_\_\_\_ (last 3 digits on back of card)

(**Note: charge will appear as “Vermont Children’s Trust” on your bill)**

Name on the card:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

By obtaining tickets as a VCTF donor the ticket holder hereby releases Vermont Children’s Trust Foundation (“VCTF”) from any and all liability and holds VCTF harmless for any injury, accident, or damages suffered from participating in the Polar Express from, among other things, negligence, conditions of the premises, operation of the train, actions or omissions of employees or agents of VCTF. The ticket holder assumes the risk of all such injury or damage.

OFFICE USE: \_\_/\_\_\_/\_\_\_\_:DATE RCD \_\_\_/\_\_\_/\_\_\_ :FILLED\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ :TKT NUMBERS: \_\_\_\_\_\_\_\_\_\_:BY