Date processed:		(Office use	only)
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2022 CINCINNATI CONCOURS D'ELEGANCE PATRON FOR A CURE – VIP PROGRAM

Hangar Party, Countryside Tour and Brunch all require advance ticket purchase.
Instructions will be sent on how to redeem your touchless tickets.
Please list all guest names on the back of this form.

PATRON FOR A CURE	QTY.	COST (Per Package)	TOTAL
PLATINUM LEVEL 2 Admissions to Friday's Welcome Reception 1 vehicle admission to Saturday's Countryside Tour 8 admissions to Saturday's Hangar Party 1 VIP Parking at Hangar Party 8 tickets to Sunday's Concours d'Elegance 8 admissions to Sunday's Brunch at the Pavilion 1 VIP Parking at Ault Park Recognition in the Show Program and on the Website Donation portion: \$1,434		\$2500	
GOLD LEVEL			
 2 Admissions to Friday's Welcome Reception 1 vehicle admission to Saturday's Countryside Tour 6 admissions to Saturday's Hangar Party 1 VIP Parking at Hangar Party 6 tickets to Sunday's Concours d'Elegance 6 admissions to Sunday's Brunch at the Pavilion 1 VIP Parking at Ault Park Recognition in the Show Program and on the Website Donation portion: \$1,184 		\$2000	
SILVER LEVEL 1 vehicle admission to Saturday's Countryside Tour 4 admissions to Saturday's Hangar Party 1 VIP Parking at Hangar Party 4 tickets to Sunday's Concours d'Elegance 4 admissions to Sunday's Brunch at the Pavilion 1 VIP Parking at Ault Park Recognition in the Show Program and on the Website Donation portion: \$990		\$1500	
BRONZE LEVEL 1 vehicle admission to Saturday's Countryside Tour 2 admissions to Saturday's Hangar Party 1 VIP Parking at Hangar Party 2 tickets to Sunday's Concours d'Elegance 2 admissions to Sunday's Brunch at the Pavilion 1 VIP Parking at Ault Park Recognition in the Show Program and on the Website Donation portion: \$590		\$850	
Patron for a Cure – Donation only I would like to be recognized as a Patron for A Cure in the Show Program and website, but would like the full donation to be tax deductible, and hereby waive rights to the ticket package. Please notify office if you would like to remain anonymous.			
Memorial Donation Tax deductible contribution to the Cincinnati Concours d'Elegance Foundation (in memory of)			
		TOTAL	

Date processed:	(Office use only)

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PAYMENT INFORMATION ☐ Check enclosed (make payable to Cincinnati Concours d'Elegance Foundation) In the amount of \$ _____ □ MasterCard □ Visa ☐ American Express ☐ Discover Card Number: ______ Expiration Date: _____/____ Security Code: _____ Name as it appears on card: **MAILING ADDRESS** Name: Address: _____ State: _____ Zip Code: _____ City: _____ Phone: _____ Email: Please list the names of guests attending as they should appear on the reservation list. Indicate event attending by checking ☐ HP (Hangar Party) and/or ☐ BR (Brunch). Purchaser Name: _____ Please Rank Preferred Brunch Time slots (1 preferred - 3 least preferred): _____ 11:00 ____ 12:00 ____ 1:00 Guest 3: □ HP □ BR Guest 4: _____ DHP DBR Guest 5: _____ HP BR Guest 6: □ HP □ BR Guest 7: _____ HP BR Guest 8: _____ HP BR □ HP □ BR Guest 13: □ HP □ BR Guest 14: _____ □ HP □ BR Guest 15: □ HP □ BR