



Bake Sale Registration

Organizer's Name _____

Mailing Address _____

Phone Number _____ Email _____

Event Date _____ Event Time _____

Event Location _____

Description of Bake Sale _____

Expected Funds to be Raised _____ Estimated Cost of Fundraiser _____

Do you have a connection to cardiomyopathy? _____

For more information, please contact Stormy Bell at 866-808-2873 x903 or sbell@childrenscardiomyopathy.org.

Children's Cardiomyopathy Foundation

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