



## Bake Sale Registration

Organizer's Name \_\_\_\_\_

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

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

Event Date \_\_\_\_\_ Event Time \_\_\_\_\_

Event Location \_\_\_\_\_

Description of Bake Sale \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_

\_\_\_\_\_

Expected Funds to be Raised \_\_\_\_\_ Estimated Cost of Fundraiser \_\_\_\_\_

Do you have a connection to cardiomyopathy? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

For more information, please contact Lisa Maher at 866-808-2873 x902 or [lmaher@childrenscardiomyopathy.org](mailto:lmaher@childrenscardiomyopathy.org).

**Children's Cardiomyopathy Foundation**

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