

Please reserve your tickets by April 6, 2007

- Reserve _____ tickets at \$30 per person.
- Reserve a table for eight at \$240 per table.
- I cannot attend. Enclosed is a contribution of \$_____ to benefit the Child Care Coalition.
- Number of vegetarian meals requested _____.

On the reverse side, please list the names of those for whom you are reserving tickets, and note dinner selection for each guest.

Name: _____

Address: _____

Phone: _____

Email: _____

Affiliation: _____

Mail this form with your check* payable to:
Child Care Coalition
c/o Margaret Morneau
9812 Old Winery Place, Ste. 1
Sacramento, CA 95827

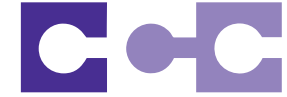
For more information please call
Child Action, Inc. at 916/369-3228

**We are unable to accept cash or credit card payments.*

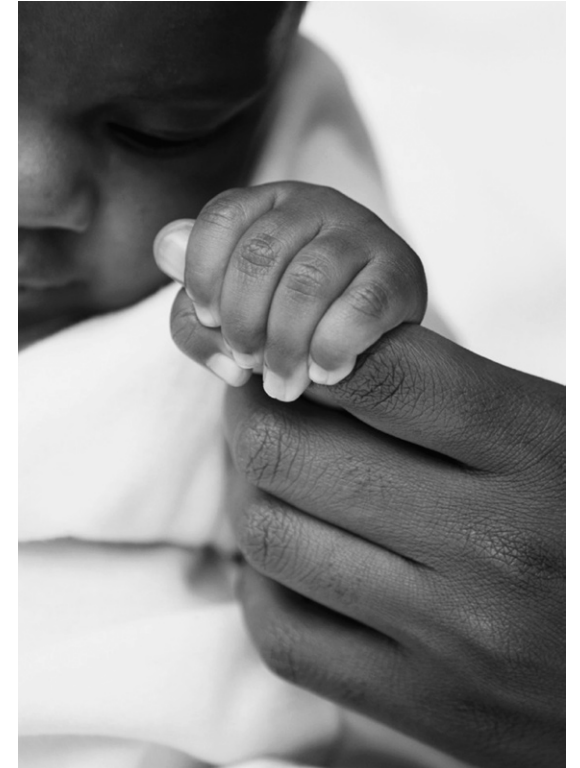
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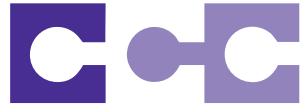
Child Action, Inc.
9812 Old Winery Place, Suite 1
Sacramento, CA 95827



The Sacramento Child Care Coalition
invites you to attend the
23rd Annual Child Care Awards Dinner



IN PRAISE OF
PROVIDERS



“Our Cause is Care”

Since 1984, the Child Care Coalition has recognized child care providers and members of the community who have demonstrated a strong commitment to furthering the cause of quality child care in Sacramento County. This year, awards will be presented in the following categories:

- Family Child Care Provider Award
- Child Care Center Teacher or Director Award
- Overall Child Care Program Excellence Award
- Inclusive Care Award
- Community Award

You are cordially invited by the Sacramento Child Care Coalition to attend the

23rd Annual Awards Dinner IN PRAISE OF PROVIDERS

Friday, April 20, 2007

DoubleTree Hotel

2001 Point West Way, Sacramento

Hors d' Oeuvres & No Host Cocktails:

6:30 pm - 7:00 pm

Dinner:

7:00 pm - 7:45 pm

Awards Ceremony:

7:45 pm - 9:00 pm

Entertainment:

Sacramento Youth Symphony

Please join us for this elegant Sacramento tradition in honor of early childhood professionals and child advocates.

Please list below the names of those who will be attending with your organization and indicate meal preference of chicken, salmon or vegetarian (*please circle one for each person*).

(your organization's name)

1. _____ C S V

2. _____ C S V

3. _____ C S V

4. _____ C S V

5. _____ C S V

6. _____ C S V

7. _____ C S V

8. _____ C S V