



**8th Annual Harvest Century Presented by Showers Pass
Family Route
Saturday, October 9, 2010**

Last Name : _____ First : _____

Address : _____

City : _____ State : _____ Zip : _____

Day Phone : _____ Email : _____

Gender : M F Date of Birth : _____

I am bringing some people with me. I have listed their information below.

First & Last Name	Relationship to Me	Age

- _____ Tax-Deductible donation to Community Vision or visit www.firstgiving.com/cvi
- _____ \$15 Adult T-Shirt (S, M, L, XL, XXL)
- _____ \$10 Child T-Shirt (S, M, L, XL, XXL)
- _____ \$12 Adult Meal Tickets
- _____ \$5 Child Meal Tickets

Total

Please mail, drop-off or fax registration by **September 28**. You can show up the day of the event too, but it is easiest for our organizers if you let us know you are coming!

Harvest Century
Community Vision
1750 SW Skyline Blvd, Suite 102
Portland, OR 97221
Fax: 503.292.6485

Questions?
Contact Kate Eberwein at 503-292-4964 ext. 124
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