



GULF COAST CARNIVAL ASSOCIATION  
P.O. BOX 1923  
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We wish to address your invitations and list your sponsorship for the coronation program exactly as you desire. To do so, we must have the information readily available. Please complete this data sheet and promptly return it, along with your payment (after July 1 add \$50.00) to the Carnival office.

\_\_\_\_\_ \$450 Community Sponsor \_\_\_\_\_ \$300.00 Associate Sponsor (30 & under)

**INVITATIONS TO VARIOUS EVENTS:**

NAME \_\_\_\_\_

(Please specify Mr. and Mrs., Mr., Ms., Dr., Dr. and Mrs., Miss or etc.)

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

**CORONATION BALL PROGRAM:**

We will list both firm name and your name, or only one or the other. Please express your preference by completing the following:

FIRM NAME: \_\_\_\_\_

INDIVIDUAL Name(s): First Name(s) \_\_\_\_\_

PHONES: \_\_\_\_\_ Home \_\_\_\_\_ Cell \_\_\_\_\_ Office \_\_\_\_\_

E-Mail \_\_\_\_\_ E-Mail \_\_\_\_\_

**PAYMENT**

Credit Card # \_\_\_\_\_ Expiration \_\_\_\_\_ CVS Code \_\_\_\_\_

Signature \_\_\_\_\_

Check Number \_\_\_\_\_ Cash \_\_\_\_\_

Associate Members date of birth: \_\_\_\_\_

**Installments Plan available! Call the carnival office, 228-432-8806.**