

**THE 2006
DARE TO DREAM EXPERIENCE**

**RESERVATION INFORMATION
AND REGISTRATION FORM**

We will be holding the next Dare to Dream Experience at St. Joseph's University on Friday, November 3rd [high school] and Saturday, November 4th [college].

The program will be offered to both high school and college students, as listed below. In order to reserve your space, please fill out the registration form below and mail back to us at *red eye entertainment*, 4 State Road, #310, Media, PA 19063.

Seating capacity is limited and will be reserved on a first come basis. You can also email us at mcgrawandcompany@aol.com to hold your reservation, but we will need the form and payment to confirm your spot.

Payment Information

The cost of registration of \$55.00 per person includes:

- Registration
- Dare to Dream Career Guide
- Industry Panel Discussion
- Round Tables
- Box Lunch
- Newsletter on Universities/colleges/trade schools

Please make check or money order payable to:
red eye entertainment, inc.
4 State Road, #310
Media, PA. 19063

***Payment must be received in full with the application to hold your reservation.
There will be a \$25.00 service charge for any returned check.***

***Refund Policy: No refunds will be given 30 days prior to the event.
Deadline for applications is August 31st, 2006 or until all seats are full to capacity.***

DARE TO DREAM EXPERIENCE

Reservation Form

Yes, I am interested in attending the Dare to Dream Experience at St. Joseph's University.

Friday, Nov. 3rd [high school] _____ Saturday, Nov. 4th, 2006 [college] _____
Time: 10:00 a.m. – 3:00 p.m. Time: 10:00 a.m. – 3:00 p.m.

Please reserve _____ tickets (please fill out a separate form for each student attending)

Name: _____

Address: _____

City: _____ State: _____ ZIP: _____

Email: _____

Telephone: (day) _____ (evening) _____

Student I.D.# _____ Age/Grade: _____

School: _____

For students under 18 years old please fill out the following information:

Parent/Guardian Signature: _____

In case of emergency please contact:

Name	Telephone #

Disclaimer: All of the information provided in this registration will not be sold or transmitted to a third party without the written consent of the applicant.

You can release my contact information to St. Joseph's University School Admission Office for future mailings: Yes _____ No _____

I have understood and agreed to all of the above, including the refund policy:

Signature _____ **Date:** _____