

**Todd Ouida Children's Foundation Fifth Annual
Birthday Event at Yankee Stadium**

Registration Form

I/We will see you at Yankee Stadium!

_____Number of adults @ \$50
_____Number of teens 13-17 @ \$25
_____Number of children 5-12 @ \$25
_____Number of little children (no charge)

Additional \$25 for each adult/child day-of-event registration

**I/We will not be able to attend but wish to
make a donation of**

____\$25 ____\$50 ____\$100 ____other

Name_____

Please respond by May 31, 2006

Please make checks payable to Todd Ouida Children's Foundation

Please Mail Completed Form to:

Todd Ouida Children's Foundation
591 Clarendon Court
River Edge, NJ 07661