

KARI'S HEART FOUNDATION

2ND ANNUAL POKER RUN

Registration Form

Name _____ Date ___/___/2010
Address _____
Phone Number _____
e-mail _____

How did you Hear about us?

email ___ Radio ___ Other _____

Entry Fee: \$ 15.00

Please make check payable to:

Kari's Heart Foundation

C/o Sheryl McIntire

2227 190th St. Ct. N.

East Moline, Il. 61244

Kari's Heart Foundation, Inc.

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