



MONOPOLY® NIGHT

Miss Monopoly Registration Form Wednesday, November 15, 2023 at 5:00 PM

Name: _____

(As you would like it to appear in the program)

Company/Agency Name: _____

Contact Address: Home Office

City: _____ State: _____ Zip: _____

Office Phone: _____

Cell Phone: _____

Home Phone: _____

Email: _____

Parental Authorization _____

We will acknowledge your participation in the 23rd annual MONOPOLY® Night fund-raising event based on the information you provide above.

Again, thank you for supporting Charity Works, Inc.

CharityWorks®
Helping Those Who Help Others®

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