



Sweethearts

Do you have a demonstrated ability toward keeping commitments? Please explain.

Has anyone in your family suffered from heart disease? If so, please explain.

*If chosen to become a Sweetheart, I pledge to refrain from smoking and to exhibit a heart-healthy attitude during my reign. I also pledge to attend Sweetheart activities, as well as the Heart Ball on **February 10, 2018**.*

Signed: _____ Date: _____

Parent's Information:

Mother's Name: _____
Address: _____ City _____ Zip _____
Home Phone: _____ Business Phone: _____

Father's Name: _____
Address: _____ City _____ Zip _____
Home Phone: _____ Business Phone: _____

In an emergency, please contact: _____

Parent's Signature(s): _____ Date: _____
_____ Date: _____

Application Deadline is September 30, 2017. Applications must be emailed or faxed to Sam Evans at Samantha.evans@heart.org or 1-512-338-2627. See attached Fee Schedule



Sweethearts

Sweetheart Fee Schedule & Information

2017 Texarkana Heart Ball

1. The total financial commitment to the American Heart Association is \$650.
 - a. \$325 due by **October 31, 2017**
 - b. Balance of \$325 due by **December 1, 2017**
2. The total fee may be prepaid at any time prior to the listed due dates.
3. Entire fee must be paid by **January 1, 2018** no exceptions.
4. Payments must remain current in order for the Sweetheart to participate in activities.
5. Fee includes all Sweetheart activities and 3 tickets to the Heart Ball (1 for the Sweetheart and 2 for her parents or family members) on **February 10, 2018**.
6. Fee may be paid by parents and/or sponsors obtained by the Sweetheart.
7. The American Heart Association accepts Checks, Visa, MasterCard, American Express and Discover. Checks should be made payable to the American Heart Association.

Except for the fair market value of the Heart Ball Tickets, the Sweetheart Fee is a tax-deductible contribution to the American Heart Association and will assist us in our mission to reduce death and disability caused by cardiovascular disease and stroke.

Credit Card Payment Information:

- Please charge my credit card for the full amount of \$650
- Please charge my credit card \$325 now. I will submit the balance due of \$325 by **1/1/18**.
- Please charge my credit card \$325 now and the balance of \$325 on _____ (date).
- Visa Mastercard American Express Discover

Card # _____ Expires: _____

Cardholder's Name: _____

Signature: _____ Date: _____

Payments should be submitted to:

American Heart Association
Attn: Texarkana Heart Ball Sweetheart Program
10900-B Stonelake Blvd. Suite 320, Austin, TX 78759
1-512-338-2425

If paying by credit card, this document must be mailed or payment made over the phone.
Do not email or fax this document.