## **Sweetheart Application 2018 Texarkana Heart Ball**



First Name	Middle Nam	ne	Last Name		
Birthday:	Siblings & A	ges:			
Telephone:					
Guardian's Email (MANDAT	ORY for program com				
School Attending:			Grade:		
Sweetheart T-shirt size:	Small Medium La	rge X-Large	(please circle)		
Many schools require service hours from students. The Sweetheart Program may be credited toward some or all service hours. Please indicate if you need service hour credits:  Yes No (please circle)  For the following questions, you may attach additional sheets if needed.					
What do you hope to gain f			•		
How do you exhibit a heart					
What are your other activit	ies or special interest	5?			
List three adjectives that yo	our friends would use	to describe you:	<u> </u>		



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Do you have a demonstrated ability toward keeping commitments? Please explain.				
Has anyone in your family suffered	I from heart disease? If so, plea	se explain.		
If chosen to become a Sweetheart, healthy attitude during my reign. Heart Ball on <b>February 10, 2018.</b>		_		
Signed:	Date:			
Parent's Information:				
Mother's Name:				
Address:	City	 Zip		
Home Phone:	Business Phone:			
Father's Name				
Father's Name: Address:	City	 7in		
Home Phone:				
In an emergency, please contact: _				
Parent's Signature(s):	Date:			
	Date:	<del></del>		

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



## 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 <b>1/1/18.</b>					
☐ 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.