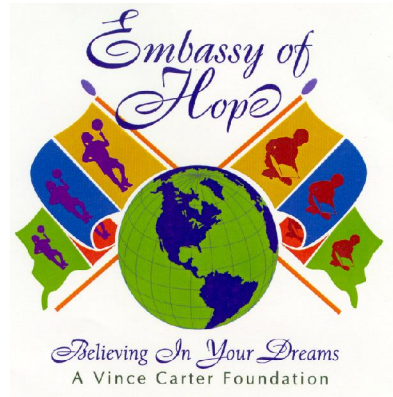


Come Join Us In 2013

Embassy of Hope

Charity Gala and Golf Classic



Please mail or fax this completed registration form with your fee to:

Embassy of Hope Foundation
P.O. Box 9596
Daytona Beach, FL 32120
(386) 254-1718 - FAX

Registration Form (please print):

Name: _____

Company: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Work/Cell Phone: _____ Fax: _____

E-Mail: _____

Individual Participation Information:

Vince Carter Charity Gala Presented by Halifax Health Foundation, August 17, 2013, Ocean Center Daytona Beach:

Tickets: _____ x \$150 per ticket = \$ _____ (Total)

Table of eight: _____ x \$1200 per table = \$ _____ (Total)

Vince Carter Charity Golf Classic, November 17, 2013, LPGA International:

Players: _____ x \$150 per player = \$ _____ (Total)

Charity Golf Classic Participants:

Golfer Name _____

Golfer Name _____

Golfer Name _____

Golfer Name _____

Golfer Name _____

Golfer Name _____

Method of Payment:

Check (payable to Embassy of Hope Foundation)

Card Number: _____

Credit Card: Circle One

Expiration Date: _____ V Code: _____

American Express Visa Mastercard Discover

Total Amount Enclosed: _____

I hereby authorize the Embassy of Hope Foundation to charge my Visa, Mastercard, Discover, or AMEX the amount listed above.

Signature: _____

For additional information, call (386) 239-8215 or visit www.vincecarter15.com