



SPORTS for Exceptional Athletes Outdoor Family Pancake Breakfast



When: Saturday, March 29

Where: S4EA Office
8380 Vickers St. Suite E
San Diego 92111

Time: 8:00am – 10:00am

Cost: \$10.00 per person

Who: Persons with Developmental Disabilities,
Families, Friends, Volunteers, Coaches, Supporters

We will be serving breakfast at the S4EA office with tables set-up outside to eat. Family groups can eat their breakfast together at a table. In this way you can see other S4EA families & friends.

S4EA Athlete Council Elections to be held at the Pancake Breakfast

SPORTS for Exceptional Athletes (S4EA) has scheduled an Outdoor Family Pancake Breakfast. The breakfast includes pancakes, scrambled eggs, sausage, milk, juice & coffee for \$10 per person. A raffle will be held. The S4EA Athlete Council elections will be held at the Pancake Breakfast for the following S4EA Athlete Council Officers: President, Vice President, Treasurer, Secretary, and Sergeant-At-Arms. Bring the family and friends to the delicious breakfast and support S4EA. For more information, please call S4EA at 858-565-7432.

Mail with Payment to:
S4EA
8380 Vickers St. #E
San Diego, CA 92111

SPORTS for Exceptional Athletes Outdoor Family Pancake Breakfast Reservation Form

Raffle Tickets
\$ 1 for 1 raffle ticket
\$ 5 for 6 raffle tickets
\$10 for 13 raffle tickets
\$20 for 27 raffle tickets

Name _____ Phone _____ Email _____

Address _____ City _____ Zip _____

I would like to support S4EA. Enclosed is

\$ _____ for _____ # Pancake Breakfast Tickets @ \$10 Per Ticket

\$ _____ for _____ # Raffle Tickets

\$ _____ Donation to SPORTS for Exceptional Athletes

\$ _____ Total (make check payable to 'S4EA', memo Pancake Breakfast Fundraiser)

Pancake Breakfast Tickets are \$10 per person. Your purchased ticket(s) will be waiting for you at the S4EA office on Saturday March 29 from 8-10am during the S4EA Pancake Breakfast Fundraiser.

Type of Payment: Check Visa MasterCard American Express Discover

Card Number _____ Expiration Date: _____ CVV: _____

Signature: _____ Date: _____

Billing Address (if different than above) _____



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