



WINERY NAME: _____

CONTACT NAME: _____ PHONE: _____

E-MAIL: _____

- Yes!** We would like to participate in The Ninety (Please fill out the form below)
- No,** we are unable to participate but would like to donate an auction item
- No,** we are unable to participate in next year's event

WINE & REPRESENTATION

Wine to be poured at event: Keep in mind, its called The Ninety. Let's pour rare, let's pour wonderful.

- _____ Retail Value Per Bottle: \$ _____ Rating: _____
- _____ Retail Value Per Bottle: \$ _____ Rating: _____

- Yes! We will be sending a representative from our winery to pour at the event.**
- Yes! We will need overnight accommodations made for our representative**

Name: _____ Phone: _____

E-mail: _____

- No, We will not need overnight accommodations made.**
- No, We will not be sending a representative. Please provide one for our winery.**

AUCTION

Part of the success of this event is attributed to the procurement of top-notch auction items, which are combined into creative and highly sought after packages. Please help to fulfill the mission of Sacred Heart Children's Hospital by donating a package to be featured in The Ninety.

Item Name: _____ Item Value: \$ _____

Item Description: _____

Pick up or delivery of wine will be coordinated individually prior to event.

Sacred Heart Children's Hospital
101 W 8th Ave Ste E4600 Spokane, WA 99204
Phone: (509) 474-2122 Fax: (509) 474-2801
Angela.Kelleher@providence.org

