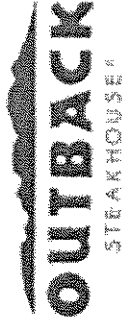


**CHILD CARE STRONG KIDS CAMPAIGN
FUNDRAISER AT: OUTBACK STEAKHOUSE
5708 MAYFIELD ROAD, LYNTHURST OH**



Doors open at 11:00 a.m. on Sept. 24th. Seating will begin at 11:15 and service will begin at 11:30. No one will be seated after 11:45 a.m.

Billing Information

Name: _____ # of Adults in Party = _____ x \$10 each = _____ (not tax deductible)
 Address: _____ (age 11 and up)
 City, State Zip: _____ # of Children in Party = _____ x \$5 each = _____ (not tax deductible)
 Phone Number: _____ Not able to attend? Strong Kids Campaign Donation = _____ (tax deductible)
 Email Address: _____ Total = _____ Receipt will be emailed

Prepayment is REQUIRED, no refunds will be issued

Payment Options

Check/EFT Routing Number: _____ Account Number: _____
 Master Card, Visa, Discover (circle one) Card Number: _____ Expiration Date: _____ CVC Code: _____ (3 digits on back of card)
 Authorization Signature: _____

All lunches include a caesar salad and every table will receive a bloomin onion. Desserts will be available compliments of the child care staff.
May we take your order?

Name:

Adult / Child (Circle One)
 Protein Choice (Circle One)
 Side Choice (Circle One)

Steak- 6 oz. Chicken- 8 oz. Kid Chicken Fingers
 Baked Potato Broccoli Fries

Name:

Adult / Child (Circle One)
 Protein Choice (Circle One)
 Side Choice (Circle One)

Steak- 6 oz. Chicken- 8 oz. Kid Chicken Fingers
 Baked Potato Broccoli Fries

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Adult / Child (Circle One)
 Protein Choice (Circle One)
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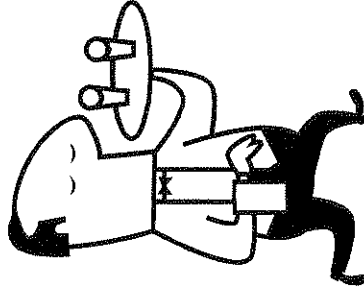
Steak- 6 oz. Chicken- 8 oz. Kid Chicken Fingers
 Baked Potato Broccoli Fries

Please return registration information and payment to Trish Eustace by August 29th, 2011 via email, fax or mail.
 Mail: YMCA of Greater Cleveland Email: childcare@cleavelandy.org
 Attn: Outback Event

Fax: 216-344-0571

2200 Prospect Avenue, Suite 900
 Cleveland, OH 44115

Questions? Please contact Trish Eustace at 216-263-6877



50/50 Raffle!!!

Outback Event

Photography Release

I give my permission to the YMCA of Greater Cleveland to use without limitation or obligation, photographs, film footage, or tape recordings which may include me and my children's images, voices, or names for the purpose of promotion of interpreting YMCA programs.

I hereby release and discharge the YMCA of Greater Cleveland, as well as the person/organization for who took the photographs, from any and all claims and demands arising out of or in connection with the use of the photos or video taping.

Check One:

- No; I do not want myself or my children to be photographed.
- Yes; my children and I may be photographed for these purposes.

Name(s): _____

Address: _____

City, State Zip: _____

Parent/Guardian Signature: _____ Date: _____