



RIVERSIDE
MEDICAL
CLINIC
FOUNDATION

Event Ticket

Please print this ticket, fill it out, and bring it with you to our event. We will collect it when you check in and use it to assist in our record keeping. Thank you!

Event _____

Name _____

Number in Party _____

I pre-registered online Yes _____ No _____

Email _____

Address _____

Phone _____

Visit us online at www.rivfound.org for information about upcoming events and health news updates.