



# CENTER FOR AUTISM AND RELATED DISABILITIES

UNIVERSITY AT ALBANY State University of New York



## CARD's Holiday Party Attendance Sheet

\*Please respond by 11/25/2009\*



First & Last Names of:

Child(ren): \_\_\_\_\_

Mom: \_\_\_\_\_

Dad: \_\_\_\_\_

Sibling(s): \_\_\_\_\_

Address \_\_\_\_\_

County \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

Aunts, Uncles, Cousins, and Grandparent are  
welcome too!!

Extended family members : \$15.00 each

Please make checks payable to:

The "Research Foundation of SUNY"



Aunt: \_\_\_\_\_

Uncle: \_\_\_\_\_

Cousin(s): \_\_\_\_\_

Grandparent(s): \_\_\_\_\_