Contact Name:				Company Name:		
Phone:			Email:_			
Street Address:				City/State/Zip:		
EXA	MPLE					
	# of Climbers		Cost per Climber		Total	
	3	X	\$130	=	\$390	
ΙΑ	M REQUESTING	G A I	DISCOUNT CODE	FO	R THE FOLLO	WING # OF CLIMBERS:
	# of Climbers		Cost per Climber		Total	]
		Х	\$130	=	\$	
Con	tact Signature:				Too	day's Date:
Thi	s form is due no	o lat	er than Friday, Se	epte	mber 15, 20	23 at 11:59PM
	A check is being m Send an invoice fo	ailed r the		bove	e. I understand	this amount is due by 09/29/23

Return this Form via email, fax, or mail to:

Ketchum-Downtown YMCA Attn: Stair Climb for Los Angeles 401 S Hope Street Los Angeles, CA 90071 **Email:** StairClimb@ymcala.org **Fax:** 213 627 8151
Tax ID#95-1644052
Questions? Please call 213 639 7450

Next Step: once we receive your completed Form, a Discount Code will be sent to the email address you provided above. This Discount Code will allow your covered climbers to sign up at <a href="https://www.ymcaLA.org/stairclimb">www.ymcaLA.org/stairclimb</a> without making a personal donation.

THANK YOU FOR YOUR SUPPORT!