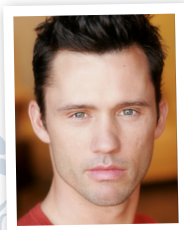


Official Invite!

Honorary Event Chairmen

SIMON BAKER, JEFFREY DONOVAN, and ROB MACHADO

cordially invite you to



Sixth Annual

LIFE ROLLS ON FOUNDATION
NIGHT BY THE OCEAN

SUNDAY, OCTOBER 4, 2009

5PM - 10PM

Join **LIFE ROLLS ON FOUNDATION** at the **KODAK THEATRE GRAND BALLROOM**, as we bring the beauty of the ocean to the heart of Hollywood in celebration of the infinite possibilities despite spinal cord injury.



** Performance by Fiction Family
(featuring Jon Foreman of Switchfoot &
Sean Watkins of Nickel Creek)*

LIFE ROLLS ON™
FOUNDATION

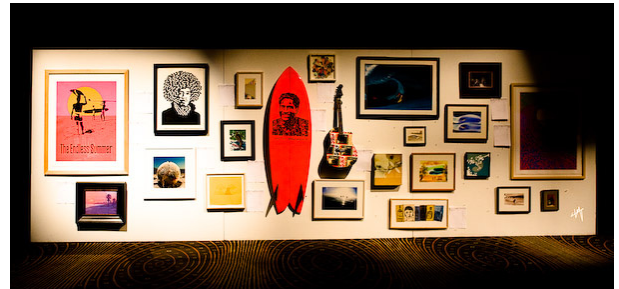
LIFE ROLLS ON is a non-profit organization dedicated to assisting and inspiring young people affected by spinal cord injury (SCI). It is a public foundation that uses action sports as a platform to demonstrate the infinite possibilities with SCI.

EXPERIENCE LIFE ROLLS ON'S SIGNATURE EVENT.



NIGHT BY THE OCEAN has quickly become one of the most anticipated charity events on the Southern California social calendar. Since its inception, this 500-person, black-tie affair has raised more than one million dollars to support quality of life programs for young people affected by spinal cord injury.

With a hosted cocktail reception, *Wolfgang Puck* catered menu, incredible silent and live auctions, talented musical guests, extraordinary honorees, and touching stories of courage and hope, we invite you to join us for this spectacular evening. *NIGHT BY THE OCEAN* promises to lift your spirit and inspire your soul as we celebrate how "life rolls on" despite spinal cord injury.



**THE GRAND BALLROOM
AT HOLLYWOOD & HIGHLAND**
6801 Hollywood Boulevard
Los Angeles, CA 90028



Registration Options

- Table (seats 10) - \$3,500
- Individual Seat - \$350 {Qty ____}
- Full Page Tribute Ad - \$3,000
- Half Page Tribute Ad - \$1,500
- Donate Auction Item, Contact Me

* Black Tie Preferred



If you can not attend, please **DONATE ONLINE** at www.liferollson.org/donate or return this card to:

LIFE ROLLS ON FOUNDATION
400 Corporate Pointe, Suite 300
Culver City, CA 90230

Please print clearly

* Name _____
 Company Name _____
 * Email _____
 * Address _____
 * City _____ * State _____ * Zip _____
 * Phone _____

* Payment Type AMX MC VISA DISC CHECK

* Cardholder Name _____
 * Card Number _____
 * Exp Date _____ * Signature _____

* Billing Address (Check if same as above)

Address _____
 City _____ State _____ Zip _____
 Phone _____

* Mandatory Information