



EXHIBITOR EVENT REGISTRATION FORM

NAME: _____

COMPANY: _____




ADDRESS: _____

CITY/STATE/ZIP: _____

TELEPHONE/EMAIL: _____

1. _____	5K Run Thursday, January 18 6:30 am	\$20	\$ _____
2. _____	WOMEN'S TENNIS – Open Play Thursday, January 19 10:00 am	\$10	\$ _____
3. _____	SPORTING CLAYS, Ben Avery Clay Target Center Thursday, January 19 1:30 pm	\$130	\$ _____
4. _____	HIKE – Camel back Thursday, January 19 1:30 pm	\$20	\$ _____
5. _____	GOLF TOURNAMENT Friday, January 20 1:00 pm	\$260	\$ _____
6. _____	MEN'S TENNIS – Open Play Friday, January 19 1:00 pm	\$10	\$ _____
7. _____	BIKE RIDE Friday, January 19 2:00 pm – 4:00 pm	\$164 w/ bike rental \$110 no rental	\$ _____
8. _____	PRESIDENT'S RECEPTION, DINNER & AFTER PARTY Friday, January 19 7:00 pm – 1:00 am	\$200	\$ _____
TOTAL AMOUNT DUE:			\$ _____

PAYMENT

Please charge my registration fees to the following credit card:   

Name As It Appears on Credit Card: _____

Address: _____

City: _____ State: _____ Zip: _____

Credit Card #: _____

Expiration Date: ____/____/____ Security Code: _____ (3- or 4- digit number located on your credit card)

Signature: _____ Date: _____