

Registration Form

Hot August Night
World Cup

Rose Hills – Sky Rose Chapel
Wednesday, August 8, 2018

NAME _____

Use bottom of form for additional names

COMPANY _____

ADDRESS _____

PHONE _____ FAX _____

E-MAIL _____

NUMBER OF MEMBER DINNERS @ \$45.00 _____

NUMBER OF NON-MEMBER DINNERS @ \$55.00 _____

NUMBER OF STUDENT DINNERS (currently enrolled at Cypress College or ARC) @ \$30.00 _____

LATE FEE @ \$10.00 PER DINNER \$ _____

TOTAL AMOUNT REMITTED \$ _____

Registration must be received by Wednesday, August 1, 2018

Please add an additional \$10.00 per dinner order for reservations made after August 1, 2018

Mail Registration form and check made payable to LACFDA to:

LACFDA

6475 E. Pacific Coast Highway #340 Long Beach, CA 90803

Phone (562) 799-8499 Fax (888)778-0951 E-mail: kmtlacfda@msn.com

Reminder – this is a sell-out event. Please register early!

PLEASE BRING BUSINESS CARDS FOR RAFFLE

Outside alcohol is strictly prohibited

To pay by credit card, please complete.

Type of Card:

- Visa
- Mastercard
- American Express

Name of Cardholder(please print) _____ Telephone # _____

Card Number: _____ Expiration Date: _____

3 Digit ID# on Reverse of Card: _____ 4 digit ID# on Front of America Express _____

Credit Card Billing Address: _____