

# Registration Form

Hot August Night

Rose Hills – Sky Rose Chapel  
Wednesday, August 7, 2019

NAME \_\_\_\_\_

Use bottom of form for additional names

COMPANY \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE \_\_\_\_\_ FAX \_\_\_\_\_

E-MAIL \_\_\_\_\_

NUMBER OF MEMBER DINNERS @ \$50.00 \_\_\_\_\_

NUMBER OF NON-MEMBER DINNERS @ \$60.00 \_\_\_\_\_

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, July 31, 2019

Please add an additional \$10.00 per dinner order for reservations made after July 31, 2019

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**

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To pay by credit card, please complete and return by fax to (888) 778-0951 or email to kmtlacfda@msn.com

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: \_\_\_\_\_