

# Registration Form

Hot August Night

Rose Hills – Sky Rose Chapel  
Wednesday, August 11, 2021  
5:00pm to 8:00pm  
Vendor tables close at 7:00pm

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 Monday, August 2, 2021

Please add an additional \$10.00 per dinner order for reservations made after August 2, 2021 if space is available

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](mailto: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 and return by fax to (888) 778-0951 or email to [kmtlacfda@msn.com](mailto:kmtlacfda@msn.com)

Type of Card:

- Visa Email address for receipt: \_\_\_\_\_
- 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: \_\_\_\_\_