

Guest Registration Form

PLEASE SEND A DUPLICATE OF THIS FORM ✉ KEEP A COPY FOR YOUR RECORDS

NAME OF REGISTERING SOROR LAST NAME: _____ FIRST NAME: _____
 FINANCIAL CARD NUMBER: _____ EXP: _____

GUEST'S INFORMATION LAST NAME: _____ FIRST NAME: _____ MI: _____
 GUEST'S E-MAIL ADDRESS: _____
 GUEST'S MAILING ADDRESS: _____
 CITY: _____ STATE: _____ ZIP CODE: _____
 GUEST'S HOME PHONE: _____ WORK PHONE: _____ FAX: _____

PLEASE CHECK AS APPLICABLE: FEMALE MALE

MEAL SELECTIONS (checking the item will result in meal selection at all paid food functions)

VEGETARIAN GLUTEN FREE NUT ALLERGY VEGAN NONE

REGISTRATION: UNTIL APRIL 29

_____ \$365 GUEST REGISTRATION

REGISTRATION: APRIL 30 – MAY 26

_____ \$390 GUEST REGISTRATION

\$ _____ GUEST REGISTRATION TOTAL

GUEST ACTIVITIES, WEDNESDAY, JULY 13, 2022

7:30 AM – 9:15 AM

(ACG08)

\$70

EAF BREAKFAST

GUEST ACTIVITIES, THURSDAY, JULY 14, 2022

7:00 PM

(ACG11)

CLOSING GALA (included with
Registration)

6:00 PM – 7:00 PM

(ACG12)

\$85

HORACE GRAYS
HONEY-DO RECEPTION

\$ _____ WEDNESDAY TOTAL

GUEST REGISTRATION SUBTOTAL (add all totals on this page and enter below)

\$ _____ ACG1 SUBTOTAL