## Pre-registration form for the 17<sup>th</sup> Annual UBP Disabled Hunters Program Banquet April 6<sup>th</sup> 2019 at CJ Hummel's Restaurant

Note: If you are requesting to have a table reserved you must list all 10 names and information below. A check must accompany your request for tickets and must be made payable to "<u>UBP Disabled Hunter Program</u>".

Name:					
Address:					
City:		State:			
City. Zip Code:		Phone:			
Email:		Filone.		_	
Ticket Issued	#				
Additional atter	ndaas				
	uees ~ umes are needed to issue l	oidder numbers			
Name:			Name:		
Email:			Email:		
Phone Number			Phone Number		
Ticket Issued	#		Ticket Issued	#	
Name:			Name:		
Email:			Email:		
Phone Number			Phone Number		
Ticket Issued	#		Ticket Issued	_#	
Name:			Name:		
Email:			Email:		
Phone Number			Phone Number		
Ticket Issued			Ticket Issued	_#	
Name:			Name:		
Email:			Email:		
Phone Number			Phone Number		
Ticket Issued	#		Ticket Issued	_#	
Name:			Adult Tickets \$45.00 = \$		
Email:			Child (4-12) Tickets \$30.00 = \$		
Phone Number			Total Enclosed = \$		
Ticket Issued	#		Checks payable to: UBP Disabled Hunter Program		

Please enclose a self-addressed stamped envelope to help keep our costs down; it would be greatly appreciated.