Pre-registration form for the 16th Annual UBP Disabled Hunters Program Banquet April 7th 2018 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>".

Head of Table It *Please note tic	nformation ~ kets will be mailed to this person.				
Name:					
Address:		_			
City:		State:			
Zip Code:		Phone:		_	
Email:		_	-	-	
Ticket Issued	#	_			
Additional atten	adees ~				
*Please note na	mes are needed to issue bidder nun	nbers			
Name:			Name:		
Email:			Email:		
Phone Number		_	Phone Number		
Ticket Issued	#		Ticket Issued	<u>#</u>	
Name:			Name:		
Email:		<u> </u>	Email:		
Phone Number		<u></u>	Phone Number		
Ticket Issued	#		Ticket Issued		
Name:			Name:		
Email:		_	Email:		
Phone Number		<u>_</u>	Phone Number		
Ticket Issued	#		Ticket Issued		
Name:			Name:		
Email:		<u> </u>	Email:		
Phone Number		<u>_</u>	Phone Number		
Ticket Issued			Ticket Issued		
Name:			Adult Tickets \$40.00 = \$		
Email:		_	Child (4-12) Tickets \$30.00 = \$		
Phone Number		_	Total Enclosed = \$		
Ticket Issued	#	-	Checks payable to: UBP Disabled Hunter Program		
Please chec	ck here if wheelchair accessible sea	ting is reat	uested. Thank you.		

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