



Casino Night

REGISTRATION

Company Name: _____

Contact Name: _____

Phone: _____ Fax: _____

Email: _____

Cost: Please indicate number of attendees:

\$50 Casino Gaming Entry (members)	_____ x \$50 = _____
\$75 Casino Gaming Entry (Non-member)	_____ x \$75 = _____
\$100 Casino Gaming + Poker Tournament Entry (member)	_____ x \$100 = _____
\$125 Casino Gaming + Poker Tournament Entry (non-member)	_____ x \$125 = _____

Sponsorship Level: Please check level:

\$1500.00 Diamond Sponsor _____

\$1000.00 Hearts Sponsor _____

\$500.00 Clubs Sponsor _____

\$250.00 Spades Sponsor _____

TOTAL AMOUNT DUE : _____

Payment Method:

Check Visa MasterCard American Express

Credit Card Number: _____ Exp. Date: _____

Cardholder name: _____

Verification Code: _____ Billing Zip Code: _____

Please fax completed form no later than April 9, 2010 to 407-897-0873

For questions, contact the MACF offices at 407-897-3384 or email macfhq@macf.biz

PLEASE NOTE: PAYMENT MUST BE RECEIVED 48 HOURS IN ADVANCE OF THE EVENT -- NO EXCEPTIONS. MONIES FOR REGISTRATION WILL NOT BE ACCEPTED AT THE DOOR.