

GROUP REGISTRATION

Scheduled date Tim						ime				
Group Name/Captain:							-			
Address:										
City, State							Zip_			
Phone						<u> </u>				
Email address								-		
Packages: □ 3 Ho	ur	ır 🗆 5 Hour				10-17				
	Number				Pric			Total		
Players:	í	()	X	() person	=	()
2000 Round Cases of pair	nt	()	X	() paint price	=	()
						Su	ıb tota	l:		
						Sales ta	x (7%)):		
						Grar	nd tota	l:		
	Deposit (\$10.00 x # of (Will be taken out of gra									
Signature										
(Signature must match sig	gnatı	ure of cred	dit c	ard/c	check us	ed to make paymen	its)			
 Reservation forms mu A group may only resch 	ntativ s t b o nedu	ve approv e filled ou le one tim	es th it ar ie, a	he da nd su nd m	ite. Depo	osits are non refund	able. orior to	o the	e game d	lay
 Make all checks payabl All deposits are non-ref Each player must fill out 	unda	able			pment is	s handed out.				
Representative must fill of	out b	elow info	rma	tion:						
Credit card details: Nat	me o	on Card: _					_			
Card number:					Exp:	A	pprova	ıl:		
Other requested items:										