

2018 Trivia Night Registration Form

March 24, 2018

Di Loreto Club 914 Division St., Mishawaka

Team Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Contact Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone \_\_\_\_\_\_\_\_\_\_\_\_\_ Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*\*\* Team Registration will be under Team Name at event \*\*\*

Total Amount Due $100 for team - up to 10 players

Payment: \_\_\_Check Enclosed \_\_\_ Visa \_\_\_ MasterCard \_\_\_ Discover

Card Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name on Card \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Expiration Date\_\_\_\_\_\_\_\_\_ Security Code \_\_\_\_\_\_\_\_

Billing Address (include zip code): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Authorizing Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please Return to: \*\*\* Remember ALL donations are tax deductible\*\*\*

Acting Ensemble Trivia Night

P O Box 756

South Bend, IN 46624

REGISTRATION MUST BE SUBMITTED BY MARCH 17, 2018

574-807-0108 www.actingensemble.com – melissa@actingensemble.com