

2009 Trivia Night Registration Form

Please complete, sign & return this Registration Form with your deposit to: 3098
S. Highland Dr. #440 SLC, UT 84106 or
fax to: 801-466-6074

Team Name _____

Team Captain Contact Information:

Name _____

Street Address _____

City _____ **State** ____ **Zip** _____

Phone # _____ **Email** _____

Number of Tables: _____ x \$200 OR _____ x \$25 individual

Team Members:

#2 _____

#3 _____

#4 _____

#5 _____

#6 _____

#7 _____

#8 _____

#9 _____

#10 _____

Subtotal: _____

Less 25% deposit (enclosed) _____

Total: _____

Method of Payment:

Check

Credit Card _____

Exp. Date: _____ Sec. Code: _____ Cardholder name: _____

Signature: _____