



REGISTRATION FORM

Company Name: _____

Company Address: _____

City: _____ State: _____ Zip: _____

Contact Phone: _____ Email: _____

Registrant Name	Friday Morning Business Meeting	C-Child A-Adult	Child's Age	Friday Reception	Family BINGO	Golf Handicap or Average Score	Saturday Reception

Payment Options

Payment Enclosed

Invoice Company

Credit Card (MasterCard or Visa)

CC No. _____

Exp. Date _____ Sec. Code _____

Signature

REGISTRATION FEES

Friday & Saturday Night

_____ **Member Representative @ \$250** \$ _____

_____ **All Additional Adults @ \$150** \$ _____

_____ **Children (7-12) @ \$100** \$ _____

No charge for children 6 & under

Single Night Fee

_____ **Adults @ \$150** \$ _____

_____ **Children (7-12) @ \$50** \$ _____

No charge for children 6 & under

Friday Family BINGO:

There will be 5 bingo games.

_____ **Adult Card @ \$10 each** \$ _____

_____ **Adult Bundle @ \$50 (5 cards)** \$ _____

_____ **Child Card @ \$5 each (10 & under)** \$ _____

_____ **Child Bundle @ \$25 (10 & under)** \$ _____

Additional cards will be available at the event

Saturday Golf

_____ **Number of Golfers @ \$180** \$ _____

Lunch included

TOTAL AMOUNT DUE \$ _____

RETURN REGISTRATION FORM BY

July 19, 2019

APAO

5240 Gaffin Rd SE, Salem OR 97317

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