

8th Annual Marc Sargis Memorial

Dinner-Only Registration Form

Please provide the following information and send this form and payment to the address listed below.

-Forms received without proper payment will not be honored-

-Checks and Money Orders ONLY-

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ E-Mail: _____

Please circle the Number of people you wish to register:

1 Person
(\$75)

2 People
(\$150)

3 People
(\$225)

4 People
(\$300)

Please provide the people(s) names:

Person 1: _____

Total: \$ _____

Person 2: _____

Person 3: _____

Person 4: _____

Please Make Checks Payable To:
Marc Sargis Memorial Fund

Send completed form and payment to:

Marc Sargis Memorial Fund
c/o Ray sargis
1633 Courtland Ave
Park Ridge, IL 60068

No One Registered Until payment is received

ALL PAYMENTS MUST BE RECEIVED BY MAY 15th 2010

Thank You.