

# *9<sup>th</sup> 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 2011**

Thank You.