

PLAYER'S FULL NAME: ADDRESS: COMPANY: CITY: STATE: ZIP: NRDS NUMBER: **TELEPHONE:** LOCAL ASSOCIATION: **EMAIL ADDRESS:** FORM OF PAYMENT PAYING FOR: ☐ ONE (1) RAFFLE TICKET (\$30.00) ☐ GUARANTEED CONTESTANT (\$1,000.00) ☐ OTHER AMOUNT (\$30.00 PER TICKET): _ FORM OF PAYMENT (TWO OPTIONS): PERSONAL CHECK (MUST INCLUDE CHECK WITH FORM) CREDIT CARD (FILL OUT SECTION BELOW) TYPE OF CREDIT CARD (IF NOT PAYING BY PERSONAL CHECK): ☐ AMERICAN EXPRESS ☐ VISA ☐ MASTERCARD ☐ DISCOVER CARD NUMBER: **EXPIRATION DATE: BILLING ZIP CODE:** SIGNATURE: DATE: TOTAL CHARGE:

FAX FORM TO ASHLEY SLECHTA AT 602-351-2474

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