



Table No.

CAPER Auction Reservation 2010

Date: _____

Rotarian Name: _____ Phone: _____ Email: _____

Table Captain: _____ Phone: _____ Email: _____

Complete guest information is important. It will be used for any questions regarding registration or purchases.

Guest 1	
FIRST NAME	LAST NAME
ADDRESS	
CITY/ST/ZIP	
PHONE	EMAIL:

Guest 2	
FIRST NAME	LAST NAME
ADDRESS	
CITY/ST/ZIP	
PHONE	EMAIL

Guest 3	
FIRST NAME	LAST NAME
ADDRESS	
CITY/ST/ZIP	
PHONE	EMAIL:

Guest 4	
FIRST NAME	LAST NAME
ADDRESS	
CITY/ST/ZIP	
PHONE	EMAIL

Guest 5	
FIRST NAME	LAST NAME
ADDRESS	
CITY/ST/ZIP	
PHONE	EMAIL:

Guest 6	
FIRST NAME	LAST NAME
ADDRESS	
CITY/ST/ZIP	
PHONE	EMAIL

Guest 7	
FIRST NAME	LAST NAME
ADDRESS	
CITY/ST/ZIP	
PHONE	EMAIL:

Guest 8	
FIRST NAME	LAST NAME
ADDRESS	
CITY/ST/ZIP	
PHONE	EMAIL

Note: Standard tables seat 8 comfortably; we have a limited amount of tables that accommodate 10.

Payment Information		
PER PERSON	@\$60 EACH	\$
TABLE OF 8	@\$480	\$
TOTAL ENCLOSED OR TO BE CHARGED TO MY CREDIT CARD		\$
<input type="checkbox"/> VISA <input type="checkbox"/> MASTERCHARGE <input type="checkbox"/> CHECK		ACCOUNT/CK NO:
SIGNATURE		

Account Name & Billing Address		
FIRST NAME	LAST NAME	
ADDRESS		
CITY/ST/ZIP		
PHONE	EMAIL	
FOR OFFICE USE ONLY	PMT REC'D	AMOUNT
	CHECK/CHARGE	IN SYSTEM