Carolina Club Event
Event Date
Walk-up Registration Form

_____
Attendee Name   Class Year

Contact Phone # : [☐☐☐] ☐☐☐ – ☐☐☐☐

GAA Members: [_____] X $__ = [_____]
Please list GAA member guest names here:

Standard Rate   [_____] X $__ = [_____]
Please list nonmember guest names here:

Other: [_____]

Total = [_____]

Method of Payment

☐ Cash
☐ Check No._____
☐ VS/MC/AX

Card #:   ☐☐☐☐ – ☐☐☐☐ – ☐☐☐☐ – ☐☐☐☐

Exp. Date: ☐☐ / ☐☐

_____
Card Holder's Name (Please print)

_____
Card Holder's Signature

Taken By: _____ Date: _____