

# Become a Table Captain and WIN!

**Table Captains!** Pre-register a full table of 10 people and you will be eligible for our Table Captain's only drawing! Use the convenient Table Captain form included in this invitation.

## For more information contact:

JoRae Brennan 516-241-8310

Tom Federico 631-377-6619

Richard Hamilton 631-267-6113

**\*\*\*\*\* REGISTER EARLY AND BRING YOUR FRIENDS\*\*\*\*\***

*Event tickets and raffle tickets will be picked up at the door when you pre-register.*

## Pre-Registration Form:

.....✂.....

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ St: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: (\_\_\_\_) - \_\_\_\_\_ - \_\_\_\_\_

**Please list all additional attendees on a separate piece of paper and include their name and address along with your registration form or use the attached Table Captain Form**

Credit Card: Visa MC Discover AmEx

CC#: \_\_\_\_\_

Exp Date: \_\_\_\_\_

V-code: \_\_\_\_\_

Signature: \_\_\_\_\_

**Return completed reservations to:**

JoRae Brennan  
PO Box 34  
Wainscot, NY 11975

or phone 516-241-8310

\_\_\_ Individual Tickets @ \$100 ..... \$ \_\_\_\_\_

\_\_\_ Sponsor Tickets @ \$350 ..... \$ \_\_\_\_\_

\_\_\_ Non-attending Sponsor @ \$250 ..... \$ \_\_\_\_\_

\_\_\_ Greenwing (17 and Under) @ \$75 ..... \$ \_\_\_\_\_

\_\_\_ Benelli SBELI Tickets \$20 or 3/\$50 ..... \$ \_\_\_\_\_

**TOTAL** ..... \$ \_\_\_\_\_



# TABLE CAPTAIN FORM

## East Hampton Chapter

### Ducks Unlimited



Enter your name in a *FREE* Drawing  
for an exclusive Table Captains only prize.

1. Round up your friends and/or significant others to fill out a full table of ten people at the upcoming dinner.
2. Provide their names on the lines below, but also fill out the reservation forms and enclose the total amount of payment (\$100/ individual, \$350 Sponsor. Individual checks and credit cards are acceptable totaling to the ten persons included.
3. Return this form and your reservation forms to, JoRae Brennan, PO BOX 34, Wainscott, NY 11975. Phone 516-241-8310

1. _____ (Captain)	2. _____
3. _____	4. _____
5. _____	6. _____
7. _____	8. _____
9. _____	10. _____

Please enclose check(s), or Credit Card Number(s) & Expiration Dates

Name: \_\_\_\_\_

Credit Card: Visa MC Discover AmEx

Address: \_\_\_\_\_

CC#: \_\_\_\_\_

City: \_\_\_\_\_ St: \_\_\_\_\_ Zip: \_\_\_\_\_

Exp Date: \_\_\_\_\_ CVV \_\_\_\_\_

Email : \_\_\_\_\_

Signature: \_\_\_\_\_

Phone: (\_\_\_\_) - \_\_\_\_\_ - \_\_\_\_\_