

Tobacco Valley Ducks Unlimited Reservation Form

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

Use this registration form to complete your order. There will not be assigned seating at the dinner. If you would like to be sure to sit with your friends, reserved tables are available; but only if you register 8 people and send all attendee information and payment by April 14. If you are making multiple reservations, you can still use the table registration form to list your additional attendees, but only full tables of 8 will have assigned tables.

Please make a meal selection for all attendees

Make checks payable to Ducks Unlimited and return completed reservations to:

Lance Morton
109 Crystal Drive
Rocky Hill, CT 06067
Phone 860-707-3769

Name: _____

Address: _____

City: _____ St: _____ Zip: _____

Phone: (____) - _____ - _____

Email: _____

(Use table registration form on next page to list additional attendees)

If paying by credit card:

Credit Card: Visa MC Discover AmEx

CC#: _____

Exp Date: _____

Signature: _____

V-Code _____

___ Individual Tickets @ \$65 \$ _____

___ Sponsor Ticket @ 350 \$ _____
(Includes \$250 Bronze Sponsor and 1 Early Bird Package)

___ Sponsor Couple @ 400 \$ _____

___ Couples Tickets @ \$100 \$ _____

___ Varsity Tickets (17 - 13) @ \$45 \$ _____

___ Youth (12 and under) @ \$20 \$ _____

___ Early Bird Raffle Package(s) @ \$100 ... \$ _____
(must be received by April 14, 2022)

___ Weatherby Element tickets \$ _____
(\$10 each - do not have to be present to win)

___ Great Guns & Gea tickets @ \$20 \$ _____

___ I cannot attend,
please renew my membership @ \$35..... \$ _____

please renew my Sponsorship @ \$250..... \$ _____

TOTAL Enclosed..... \$ _____

Tobacco Valley Ducks Unlimited Reserved Table form.

Gather a table of 8 and return the form with payment by April 14, 2024, and we will reserve a table for you.

Return the completed form and payment to: Lance Morton, 109 Crystal Drive, Rocky Hill, CT 06067
or Phone 860-707-3769

Please make a meal selection for all attendees

Table Captain

Name1: _____

Address: _____

City: _____ St: ___ Zip: _____

Phone: () _____

email: _____

Meal Choice: Prime Shrimp Chicken

Name5: _____

Address: _____

City: _____ St: ___ Zip: _____

Phone: () _____

email: _____

Meal Choice: Prime Shrimp Chicken

Guests

Name2: _____

Address: _____

City: _____ St: ___ Zip: _____

Phone: () _____

email: _____

Meal Choice: Prime Shrimp Chicken

Name6: _____

Address: _____

City: _____ St: ___ Zip: _____

Phone: () _____

email: _____

Meal Choice: Prime Shrimp Chicken

Name3: _____

Address: _____

City: _____ St: ___ Zip: _____

Phone: () _____

email: _____

Meal Choice: Prime Shrimp Chicken

Name7: _____

Address: _____

City: _____ St: ___ Zip: _____

Phone: () _____

email: _____

Meal Choice: Prime Shrimp Chicken

Name4: _____

Address: _____

City: _____ St: ___ Zip: _____

Phone: () _____

email: _____

Meal Choice: Prime Shrimp Chicken

Name8: _____

Address: _____

City: _____ St: ___ Zip: _____

Phone: () _____

email: _____

Meal Choice: Prime Shrimp Chicken