

# Banquet Ticket Order Form

Fill out a ticket form for **each person** attending. All ticket orders postmarked by **March 14, 2019** will be entered for a chance to win **\$200 in Banquet Bucks** in our **Early Bird Drawing**

## TICKET FORM

- I am an existing Member: CCA ID# \_\_\_\_\_
- I am an Associate Member (must be at same address as a Member)
- I am a New Member

Check off your Ticket Level:

Jack Salmon (\$75pp/\$140cpl) \_\_\_\_\_  
Steelhead (\$100/\$165cpl) \_\_\_\_\_  
King Salmon (\$135pp/\$200cpl) \_\_\_\_\_

NAME \_\_\_\_\_

*Please Print CLEARLY*

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE \_\_\_\_\_ EMAIL \_\_\_\_\_

**Basic TABLE** for 8 (\$500) \_\_\_\_\_

**King Salmon TABLE** for 8 (\$700) \_\_\_\_\_

## TICKET FORM

- I am an existing Member: CCA ID# \_\_\_\_\_
- I am an Associate Member (must be at same address as a Member)
- I am a New Member

Check off your Ticket Level:

Jack Salmon (\$75pp/\$140cpl) \_\_\_\_\_  
Steelhead (\$100/\$165cpl) \_\_\_\_\_  
King Salmon (\$135pp/\$200cpl) \_\_\_\_\_

NAME \_\_\_\_\_

*Please Print CLEARLY*

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE \_\_\_\_\_ EMAIL \_\_\_\_\_

**Basic TABLE** for 8 (\$500) \_\_\_\_\_

**King Salmon TABLE** for 8 (\$700) \_\_\_\_\_

## **Banquet Table Sponsor** Prices are: **Basic TABLE \$500** and **King Salmon TABLE \$700**

Table "Captain" is responsible for submitting table fee and information on all table attendees. Please fill out a ticket form for **each person, including yourself**, at your table for membership registration.

TABLE CAPTAIN NAME \_\_\_\_\_

*Please Print CLEARLY*

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE \_\_\_\_\_ EMAIL \_\_\_\_\_

Check off your Sponsor Level:

**Basic TABLE** for 8 (\$500) \_\_\_\_\_

**King Salmon TABLE** for 8 (\$700) \_\_\_\_\_

## **Payment Information**

**Total Payment \$** \_\_\_\_\_

Check Enclosed# \_\_\_\_\_ Make checks or money orders payable to "**Willamette Falls CCA**"

Visa \_\_\_\_\_ MasterCard \_\_\_\_\_

Card # \_\_\_\_\_ Exp. Date \_\_\_\_\_

Name as it appears on card \_\_\_\_\_

Signature \_\_\_\_\_

Return completed applications to:

**Questions?** Call:

Willamette Falls CCA  
PO Box 648  
Beavercreek, OR 97004

Gary Wise (503) 730-2697  
Jim Mickel (541) 521-8540  
George Barton (503) 305-6160