Registration for the Beta Rho Centennial Celebration

Please fill out and return this registration form before <u>August 1, 2017,</u> to Rick Dissly, 6651 Leyland Park Drive, San Jose, CA 95120 or scan them and e-mail them to rdissly@comcast.net. The invitation and registration documents are also available online at www.bobcatsigs.org/centennial.

<u>YOUR INFORMATION</u>

___ Yes, I plan to attend. *Please complete all sections on page 1 and 2.*

___ I am unable to attend. *Please update your contact information below to ensure you receive future* Bobcat Sig *newsletters.*

PLEASE PRINT ALL INFORMATION

First Name, Middle Initial, Last Name: _____ ___ _____

Address, City, State, ZIP: _____

Cell Phone: _____ Home Phone: _____

Preferred e-mail: _____

Initiation Year: _____ Graduation Year: _____

First Name You Would Like on Name Tag: _____

First and Last Name of Guest You Would Like on Name Tag: _____

Branch of Military: _____ Highest Rank Obtained: _____

Dietary Restrictions *(including guests):* _____

Emergency Contact: _____
                          Name   Phone Number

Alumni & Guest Registration

Name: _____

CENTENNIAL ACTIVITIES		Alumni #	Guest #	Alumni Cost	Guest Cost	=	Total Cost
Alumni (includes Reception, Ritual, Banquet, EX Favor, Open House, Tailgate and Access to Event Photos)		____		$160		=	$_____
Welcome Reception	# attending	____	____	N/A	$10	=	$_____
Centennial Banquet	# attending	____	____	N/A	$75	=	$_____
Open House	# attending	____	____	N/A	$20	=	$_____
Tailgates	# attending	____	____	N/A	$10	=	$_____
Sigma Chi Tube Floating	# attending	____	____	$30	$30	=	$_____
Sigma Chi Golf Scramble	# attending	____	____	$50	$50	=	$_____
Football Game	# attending	____	____	Pay the Vendor			
Campus Tours	# attending	____	____	No Cost			
Museum of the Rockies	# attending	____	____	Pay the Vendor			
Computer Museum	# attending	____	____	No Cost			
Center for Arts & Culture	# attending	____	____	No Cost			
Gallatin History Museum	# attending	____	____	Pay the Vendor			
Ritual	# attending	____		No Cost			

Total Amount Due $_____

Note: alcohol, if applicable, is paid by participants at all events

PAYMENT OPTIONS

____ Check is enclosed payable to Beta Rho of Sigma Chi House Company

____ Charge my credit card: __ Visa __ MasterCard __ Amex __ Discover

Card # _____

Name on Card _____

CVV2 code _____   Expiration Date (month _____ year _____)

Signature _____