



**CAS Trivia Fundraiser Entry Form**

Friday, November 9, 2018  
Cortese's Banquet Hall  
1300 Sheridan Road, Kenosha, WI

5:30 • Check-in & Raffle Ticket Sales  
6:00 • Buffet & Cash Bar      7:00 • Trivia Begins

**Team Name**

\_\_\_\_\_

**Players\***

Player 1 \_\_\_\_\_

Player 2 \_\_\_\_\_

Player 3 \_\_\_\_\_

Player 4 \_\_\_\_\_

Player 5 \_\_\_\_\_

Player 6 \_\_\_\_\_

Player 7 \_\_\_\_\_

Player 8 \_\_\_\_\_

**\*Team Size Limited to 8 Players**

**NOTE:** If players register separately, please note team name on your registration.

**Name and Address (Team Captain Only if Registering as a Team)**

Name \_\_\_\_\_

Address \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email \_\_\_\_\_ Phone \_\_\_\_\_

**(Your information will not be shared with other parties)**

**Full payment must be enclosed with the order.**

# of Players \_\_\_\_\_ x \$25 = \_\_\_\_\_

(Billing information, if different from above)

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email \_\_\_\_\_ Phone \_\_\_\_\_

**Payment:** Amount Due \_\_\_\_\_

**Payment Type:**       Check Make check payable to: **Choral Arts Society**  
    Credit Card

**Credit Cards Accepted: Master Card, Visa, Discover**

Card Number \_\_\_\_\_

Expiration Date \_\_\_\_\_ CVV \_\_\_\_\_

Signature \_\_\_\_\_

- I cannot attend but my donation is enclosed
- I/We are interested in making a donation to the raffle. Please contact me.

**Please return reservation form to:**

Choral Arts Society 800 Center St., Rm 122 Racine, WI 53403

Phone: 262-634-3250 E-mail: admin@choralartsonline.org

**Please RSVP by November 1, 2018.**

**Thank you!**