



REGISTRATION FORM

Lot Draw

Name _____
(Please Print)

Mailing Address _____ City _____

Postal Code _____ Phone No. _____ Cell No. _____

If you are registering your business -

Owner's Name _____

Business Name _____
(Please Print)

Mailing Address _____ City _____

Postal Code _____ Phone No. _____ Cell No. _____

~~The person registered on this form must be present for the draw.~~