2012 NJSFAC MID-YEAR PRE-REGISTRATION FORM
May 20, 2012

DUPLICATE THIS FORM IF YOU NEED ADDITIONAL BLANK COPIES

PLEASE PRINT AND FILL IN ALL APPROPRIATE LINES:

Your Name: _____ NJSFAC Member Y N Amount: _____
(Circle Yes or No)

Spouse's Name: _____ NJSFAC Member Y N Amount: _____
(If Attending) (Circle Yes or No)

Address: _____ State: _____ Zip: _____

Phone: _____ Area: _____ District: _____

E-mail: _____

NJSFAC Member Squad: _____

$30 per person

Pre Registration Includes Continental Breakfast and Lunch

PRE REGISTRATION FORM MUST BE RECEIVED BY APRIL 5, 2012
IF RECEIVED AFTER THIS DATE, THE FORM WILL BE RETURNED

Total Amount Enclosed: $ _____

Method of Payment: __ **Check** **MAKE CHECKS PAYABLE TO:** ***NJSFAC***
Credit Card* __ **Visa** __ **Mastercard**

Card Number | Expiration Date Mo. / Yr. | Security Code

_____ _____
CARDHOLDER'S SIGNATURE CARDHOLDER'S NAME (PLEASE PRINT)

* Cardholder authorizes the payment of this invoice identified above, and agrees to comply with the obligations set forth in the Cardholder agreement with the issuer.

Return this form with your check to: Jack Sellen PO BOX 457 New Milford, NJ 07646
There will be a $25.00 charge for any check returned to the Council.

NO REGISTRATION REFUNDS WILL BE MADE AFTER MAY 5, 2012
If you have Mid-Year Registration Questions Call: 201-261-0656

DO NOT WRITE IN THIS AREA

RECEIVED $ _____ DATE _____ POSTED _____
CHECK NUMBER _____ NAME _____