# **REGISTRATION BY CHECK**

### Pay by Check Registration:

To register and pay by check, fill out this form and mail it with payment to: WFSO 3439 NE Sandy Blvd, Suite 350 Portland, OR 97232



## Event Date/Name\_\_\_\_\_

 Number of Members
 x \$\_\_\_\_\_
 = \$\_\_\_\_\_

Number of Guests \_\_\_\_\_ x \$\_\_\_\_ = \$\_\_\_\_

# of Nondrinkers (if an option) \_\_\_\_\_ x \$\_\_\_\_ = \$\_\_\_\_

Total Due \$\_\_\_\_\_

\_\_\_\_\_

Member Names\_\_\_\_\_

Guests Names\_\_\_\_\_\_

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Total Due \$\_\_\_\_\_

Member Names\_\_\_\_\_\_

Guests Names\_\_\_\_\_\_