

**REGISTRATION FORM
(INCLUDING CREDIT CARD AUTHORIZATION)**

Nassau County Firefighters Museum & Education Center Fundraiser
July 27, 2011 at the Fox Hollow, Woodbury, NY

Please remit payment (do not mail cash) and forms to:
MAIL: Scotto Brothers, 40 Crossways Park Drive, Woodbury, NY 11797
EMAIL: vickic@scottobrothers.com

Please provide a breakdown of charges:

TICKETS (qty) _____ X \$100 = \$ _____

TABLE OF TEN (qty) _____ X \$900 = \$ _____

JOURNAL AD \$ _____

SPONSORSHIP \$ _____

TOTAL AMOUNT = \$ _____

Attendees Names:

| | |
|-------|-------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

****PLEASE SEND COPY OF FRONT AND BACK OF CREDIT CARD****

Credit card to be utilized for: Casino Night Fundraiser for The Nassau County Firefighters Museum and Education Center on July 27, 2011 at The Fox Hollow, Woodbury, NY

Credit Card Holder's Information:

Credit Card # _____ Exp. Date: _____ CVV #: _____

Credit Card Type: Amex Visa MasterCard

Other: _____ Personal Credit Card: YES NO

Credit Card Holder's Name (as it appears on credit card): _____

Credit Card Holder's Signature (as it appears on card): _____

Company Name/Corporate Card (if applicable): _____

Are You The Credit Card Holder: YES NO

Credit Card Billing Address: _____

E-Mail Address: _____

Phone: 1 – () _____ - _____ Fax: 1 – () _____ - _____

In signing this document I _____, am stating that all the information provided above is valid and true and that the information provided to Scotto Brothers may be used as described. If in fact Scotto Brothers is unable to utilize the credit card information that has been provided I will provide another means of payment and ensure that payment is made to Scotto Brothers accordingly. Signature of guarantor (to match above name):

X _____

Date: ____ / ____ / ____