

An Evening of Whiskey and Cigars

Reservation Form



Form Instructions:

Please fill out all fields below and email to Janine Erickson at jerickson@scparcs.org.

If paying by check, make checks payable to: **Somerset County Park Foundation**

Mail check to: **P.O. Box 5147, North Branch, NJ 08876**

Questions about payment please call 908-722-1200 ext. 5224.

Number of Individuals Attending: _____ x \$125 = _____

Registrant Information:

Full Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Email: _____ Phone: _____

Additional Attendees:

Name: _____ Name: _____

Email: _____ Phone: _____ Email: _____ Phone: _____

Name: _____ Name: _____

Email: _____ Phone: _____ Email: _____ Phone: _____

Name: _____ Name: _____

Email: _____ Phone: _____ Email: _____ Phone: _____

Credit Card Information:

Credit Card Type: _____ (Example: Mastercard, Visa, etc.)

Name on Credit Card: _____

Credit Card Number: _____

Expiration Date (MM/YYYY): _____ Security #: _____