



31st ANNUAL
CFSI DINNER RESERVATION FORM
April 25, 2019

Organization: _____ **Station:** _____

Contact Person: _____ **Phone:** _____

E-mail _____

Names: (please print clearly)

- | | |
|----------|-----------|
| 1. _____ | 6. _____ |
| 2. _____ | 7. _____ |
| 3. _____ | 8. _____ |
| 4. _____ | 9. _____ |
| 5. _____ | 10. _____ |

\$300.00 PER PERSON

Total Number of Tickets _____ **@ \$300** **Total enclosed** _____

Make check payable to DVFA or include your credit card number

Visa _____ **MC** _____ **Card Number** _____

Name on Card _____ **Zip Code** _____

Expiration date _____ **Verification Code (back of CC)** _____

Mail with this form to:
DVFA
P.O. Box 1849
Dover, DE 19903-1849

*****Registration must be received prior to April 10, 2019*****