

2008 COLORADO VOLLEYBALL BANQUET REGISTRATION

Name: _____

Circle one: Team Member Family Fan Donor Athletics Staff Other

Guest Names: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: (w) _____ (h) _____

Please reserve _____ seat(s) @ \$40 per person = \$ _____

I would like to help defray the cost of _____ senior watch(es) @ \$85 each

or _____ student athletes meals @ \$40 each

Total payment enclosed \$ _____

Method of payment:

_____ check (payable to University of Colorado)

_____ credit card (Visa, MC, Discover)

_____ exp: _____

signature of cardholder: _____

If Mailed - must be received by 1/23/09: CU Athletics/ Special Events
369 UCB, Boulder CO 80309
[fax: 303-492-1700]

