

**NJCAA
Division 1
Women's Soccer National Championship**

**OPTIONAL Event at
Wynfield Plantation**

**Parent and Guest Reservations
Saturday, November 17, 2007--5:00 p.m.**

**Please make checks payable to: Darton College
FEI Number 58-0964652**

****Please FAX or return this form along with payment information no later than
November 8, 2007 to: No late reservations accepted.**

**Martha M. Snow, Tournament Director
Darton College
2400 Gillionville Road
Albany, Georgia 31707-3098
229-317-6770 FAX 229-317-6634**

Name: _____
College _____ **District** _____

Number Adults Guests at \$30.00 per person \$ _____

Number of children at \$30.00 per person _____

**(Vegetarian menu included in banquet menu
(Please include in attendance number above)**

Total Number Attending _____

Cost _____ **x \$ 30 =** \$ _____
(# attending)

Method of Payment:

Visa or MasterCard Number _____

Expiration date: _____ **Zip Code of billing address:** _____

Name as it appears on the card: _____