



REGISTRATION FORM

Name of Player: _____

Poker & Dinner (\$200) Roulette & Dinner(\$100)

Name of Guest: _____

Poker (\$200) & Dinner Roulette & Dinner(\$100)

Address: _____

City: _____ ST: _____ Zip: _____

Phone: _____ Email: _____

PAYMENT OPTIONS:



Through our website

Check by mail

Credit Card

Please complete CC form below

Type of Card: Master Card Visa Discover

Credit Card Number: _____

Expiration Date: _____ CVC Number (3 digits on back of card): _____

Name of Card Holder: _____

Phone Number: _____

Billing Address: _____

City: _____ State: _____ Zip: _____

I hereby authorize the Brent Woodall Foundation for Exceptional Children to charge my credit card in the amount of \$_____.

Brent Woodall Foundation for Exceptional Children
870 S. Denton Tap Rd. Suite 250
Coppell, Tx 75019
(972)906-9157
Fax: (972)636-8159