Name: ___________________________________________________________

Class Year: _______________________________________________________

Name of Guest: ____________________________________________________

Class Year if Guest is an Alum: _______________________________________

Preferred Email: ___________________________________________________

Cell Number: _______________________________________________________

I will attend the following events

___ Friday Night Event at the Back Nine $25 per person
    ___ Number of Tickets
    ___ Amount Enclosed

___ Saturday Bloody Mary/Mimosa Brunch at the Back Nine $25 per person
    ___ Number of Tickets
    ___ Children 6-12 years old $10 per person
    ___ Amount Enclosed

___ DEVIL of a DEAL: Both Friday & Saturday Events $45 per person
    ___ Number of Tickets
    ___ Amount Enclosed

Please make check payable to The CCSU Alumni Association

Mail To:

The CCSU Alumni Association, PO Box 1750, New Britain, CT 06050