

Milwaukee Social Club

EVENT REGISTRATION

Contact Information

Name: _____

Address: _____

City: _____

ZIP: _____

Primary Phone: (____) _____

Alternate Phone: (____) _____

Email: _____

Please fill out this form completely before submitting it to Milwaukee Social Club by fax or mail.

For your security, please **do not** fill out this form and email it as an attachment.

Fax: (414) 223-4689

Mailing Address: Milwaukee Social Club
270 E. Highland Ave.
Milwaukee, WI. 53202

If you have any questions while filling out this form, please call us at (414) 223-4MSC.

NOTE: All registrations are final. No refunds can be issued after registration has been confirmed by mail or phone.

Event Information

Event Name: _____

Second Event Name: _____

(Leave blank if only registering for one event.)

Additional Information:

(Examples: If registering for more than one person, enter their info. If traveling, indicate room preference and roommates.)

Credit Card Information

Name on Card: _____

Card Type (MC, Visa, etc.): _____

Expiration Date: _____

Amount to Charge: _____

