

Fill out the form completely, then return this form, your check, and a selfaddressed stamped envelope to our mailing address below.

Name		
Address		
City/State/Zip		
Phone		
Number of Tickets	Cost Per Ticket	Total
	X \$10.00	
Make checks out to	СРАА	
Address	244 Ridge Hill Rd.	
City/State/Zip	Mechanicsburg, PA 17050	

Before you return the from, verify you:

_____ Filled out the form

_____ Wrote a check to CPAA

_____ Provided a self-address stamped envelop



