## READY SET RETIRE REGISTRATION FORM 11/30/2023 6:00 P.M.-7:00 P.M. AUBURN ELKS CLUB



| First Name                    | Last Name  |          |              |
|-------------------------------|------------|----------|--------------|
| Address                       |            |          |              |
| City                          | State      | Zip Code |              |
| Member Unit                   |            |          |              |
| Email                         |            |          | Phone        |
| Guest Information (1 guest pe | er member) |          |              |
| First Name                    | Last Name  |          |              |
| Address                       |            |          |              |
| City                          | State      | Zip Code |              |
| Email                         |            |          | Phone Number |

\* Email your completed form to seminar@wrrboard.org.