



# REGISTRATION FORM

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Name Of Club/Organization(if any) \_\_\_\_\_

**Fee: \$20 per person OR Groups of 10 or more: \$10/person**

**Register Online: [www.blackradiancesocialclub.yolasite.com](http://www.blackradiancesocialclub.yolasite.com)**

**Or Mail To: Black Radiance  
1100 Hebert Avenue  
Breaux Bridge, LA 70517**

**FMI: 337-501-3214**

**Make Checks Payable To: Black Radiance**