



Yo Pro Event
Dining in the Dark
Beacon Hill Club
Wednesday, April 16, 2025
Registration Form

CLUB NAME _____

MEMBER NAME: _____

GUESTS FULL NAME: (Please Print)

- | | |
|----------|-----------|
| 1. _____ | 6. _____ |
| 2. _____ | 7. _____ |
| 3. _____ | 8. _____ |
| 4. _____ | 9. _____ |
| 5. _____ | 10. _____ |

Please make your check for \$65.00 per person payable to Beacon Hill Club and mail to:

**Russ Lowther CCM
Beacon Hill Club
250 Hobart Avneue
Summit, NJ 07901**

Amount Enclosed: _____