

2017 ANNUAL WALLOW APPLICATION BLANK

SEND IN YOUR APPLICATION EARLY but no later than **January 11, 2017** to the

Carabao #: _____
Member Name: _____
Rank: _____
Branch of Service: _____
Address: _____
Address 2: _____
City, State, Zip: _____

CARABAO Wallow Committee
Military Order of the Carabao
P.O. Box 987
Millersville, MD 21108-0987
Bharris3@bwma.net

Enclose Member's Personal Check payable to Treasurer, M.O.C., or Pay on-line at

<http://carabao.org/events/annualwallow>

Members \$185 each	\$ _____
Guests, \$275 each	\$ _____
Cummerbund/Bowtie Set, \$50	\$ _____
BLUE GOLD	
Carabao Medal, \$25	\$ _____
Miniature Medal, \$30	\$ _____
Total	\$ _____

*Once complete, the application and payment receipt can be emailed to Bill Harris, III, at *bharris@bwma.net*

PHONE: HOME _____ BUSINESS _____ EMAIL _____

ENCLOSED check for \$ _____ for self and _____ guests for Annual Wallow, February 4, 2017.
Applications will not be accepted without a Check or paid Credit Card Receipt from the Carabao.org Website.
Please make any changes on entries above. (PLEASE TYPE OR PRINT NEATLY)

PLEASE SEAT ME WITH _____

GUESTS:

1. NAME _____ RANK _____ BRANCH _____
 PHONES: HOME _____ BUSINESS _____ E-MAIL: _____
 ADDRESS _____

2. NAME _____ RANK _____ BRANCH _____
 PHONES: HOME _____ BUSINESS _____ E-MAIL: _____
 ADDRESS _____

3. NAME _____ RANK _____ BRANCH _____
 PHONES: HOME _____ BUSINESS _____ E-MAIL: _____
 ADDRESS _____

4. NAME _____ RANK _____ BRANCH _____
 PHONES: HOME _____ BUSINESS _____ E-MAIL: _____
 ADDRESS _____
