



**“WE” Back the ‘Hawks
Registration Form**

Please fax to **513-529-6404** or **MAIL TO:**

Amy Moore
203 Millett Hall
Oxford, Ohio 45056
513-529-1611

(Please make any necessary corrections)

Contact Name: _____

Business Name: _____

Address: _____

City : _____

State: _____

Zip: _____

Phone: _____

Fax: _____

E-mail: _____

PAYMENT METHOD: \$300.00

- Please invoice me for the amount indicated above (payment due 30 days from invoice date)
- Check enclosed (payable to Miami University)
- Visa Mastercard American Express

Card Holder's Name: _____

Credit Card #: _____

Exp. Date: _____

Signature: _____

Billing Address (if different from above): _____

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