



2025 CHAUTAUQUA LAKE ICE PICK

NAME

ADDRESS

CITY

STATE

ZIP

EMAIL

PHONE

USE THE FORM BELOW TO SUBMIT YOUR GUESS(ES)

DATE	TIME		DATE	TIME	
1.	:	AM/PM	11.	:	AM/PM
2.	:	AM/PM	12.	:	AM/PM
3.	:	AM/PM	13.	:	AM/PM
4.	:	AM/PM	14.	:	AM/PM
5.	:	AM/PM	15.	:	AM/PM
6.	:	AM/PM	16.	:	AM/PM
7.	:	AM/PM	17.	:	AM/PM
8.	:	AM/PM	18.	:	AM/PM
9.	:	AM/PM	19.	:	AM/PM
10.	:	AM/PM	20.	:	AM/PM

NUMBER OF GUESSES SUBMITTED

TOTAL DONATION (\$5/GUESS)

CC NUMBER

EXP. DATE

3# CODE

AMOUNT PAID

SIGNATURE

*PLEASE RETURN COMPLETED FORM AND DONATION
(ACCEPTED PAYMENTS - CASH, CHECK OR CREDIT CARD) TO:*

CHAUTAUQUA LAKE ASSOCIATION, INC.

429 EAST TERRACE AVENUE · LAKEWOOD, NY 14750

or email to heather@ChautauquaLakeAssociation.org