



Military Order of the Cootie REGISTRATION 83rd TOMB TREK



Name: _____

Address: _____

City/State/Zip: _____

Phone: _____

Pup Tent/Auxiliary Name & Number: _____

Email: _____

Meal Selection: Chicken _____ Beef _____ Vegetarian _____

(Please enter how many of each meal selection.)

**NOTE: Full Registration includes 1 Banquet Ticket and 1 Bus Ticket. Please select choice of each.*

<u>Type of Registration</u>	<u>Qty</u>	<u>Advanced Registration</u>	<u>Qty</u>	<u>After 10/1/2017</u>
Full Registration	_____ x	\$85.00 _____	_____ x	\$100.00 _____
Registration Only	_____ x	\$20.00 _____	_____ x	\$25.00 _____
Banquet Only	_____ x	\$50.00 _____	_____ x	\$55.00 _____
Bus Ticket	_____ x	\$15.00 _____	_____ x	\$20.00 _____

Regular _____

Handicap _____

TOTAL AMOUNT \$ _____ CHECK # _____ DATE _____

Please complete this form, make check payable to TOMB TREK COMMITTEE and mail to:

JaneChannel
2728 Hillside Court
Ijamsville MD 21754-8806
email: mocadolphin@msn.com