

SHADY TRAILS REUNION 2017
REGISTRATION FORM
August 18-20

NAME _____

ADDRESS _____

E-mail _____ PHONE _____

Names of additional guests in your party.

Guest #1 _____

Guest #2 _____

Guest #3 _____

Please indicate your connection to the camp/or years attended. _____

If you are planning on staying overnight at the camp please indicate which nights.

Friday _____ Saturday _____

Name of people staying overnight including your own.

Guest #1 _____

Guest #2 _____

Guest #3 _____

Will you and your guests be attending the free breakfast Saturday morning at 9:00 a.m.? Yes _____ No _____

If yes, how many will be attending? _____

Registration fee \$30.00 per person

_____ X 30.00 = _____

Coffee cup keepsake \$10.00 each

_____ X 10.00 = _____

T-Shirts \$12.00 each Sizes S, M, L, XL, XXL

_____ X 12.00 = _____

Indicate the sizes you would like to order _____

Total = _____

Please make check/money order payable to "Bob Crissman" and put on memo line Shady Trail Reunion 2017. Mail along with this form to Bob Crissman, 14312 South 6th Street, Schoolcraft, Michigan 49087. Deadline is July 15th, 2017