

WCHA 2009 ASSEMBLY REGISTRATION FORM

Kids under 4 eat free!	Breakfast		Lunch		Dinner		<u>Lodging</u> Dorm Code: _____	Total Daily Cost
	Adults	Kids	Adults	Kids	Adults	Kids		
½ Price ages 4-12	\$6.00	\$3.00	\$9.00	\$4.50	\$11.00	\$5.50	---	
Wed 7/15	---	---	---	---				
Thu 7/16								
Fri 7/17								
Sat 7/18								
Sun 7/19			---	---	---	---	---	
Full meal plan (all 11 meals), \$85 per adult (save \$10):								
WCHA adult registration: \$15/adult/day or \$40/adult for whole event :								
GRAND TOTAL DUE AND ENCLOSED (US\$):								

Adult Names (as you would like it on name tag) _____

Attending Kid's Names (and Ages) _____

Address _____

State or Province _____ Zip/Postal Code _____

Email address _____ Phone _____

Is this your first Assembly? Yes _____ No _____

Are you a member of WCHA? Yes _____ No _____

Do you have any physical or health concerns we should be aware of?

PAYMENT: Checks are made payable to **WCHA**.
Visa and Mastercard are accepted: _____ - _____ - _____ - _____ Exp _____

Signature _____

Mail registration form and payment to: **WCHA**
PO Box 117
Tamworth NH 03886

Payment to be received by June 25, 2009

Thank you!

-----FOR OFFICE USE ONLY-----

Date Received _____

Amount Received _____

Registration #(s) _____

Check # _____