

REGISTRATION FORM

Contact Information:

First Name: _____ Last Name: _____

Address: _____ City: _____

State: _____ Zip Code: _____ Phone (Home or Cell): _____

Emergency Contact: _____ Phone: _____

PARTICIPANT NAMES: (please list all attending this event – including ages 10 and below)

1. _____ 3. _____

2. _____ 4. _____

For 5 or more participants, please use a separate registration form.

WE ENCOURAGE ALL TO REGISTER EARLY SO THAT WE CAN PROVIDE A COUNT TO THE PARK AND ENSURE ADEQUATE ACCOMMODATIONS. AFTER JUNE 15, THE PRICE FOR AGES 67 TO 11 INCREASES BY \$10.00

	EARLY REGISTRATION Before June 16, 2017	LATE REGISTRATION June 16 – August 3, 2017	ON-SITE REGISTRATION August 3 – AUGUST 5
Age 68 and above	\$15.00	\$15.00	\$15.00
Ages 67 to 11	\$30.00	\$40.00	\$45.00
Ages 10 and below	\$ No Fee	\$ No Fee	\$ No Fee

Total Amount Paid \$ _____

Payment Method – Check

Mail registrations form with payment to:

1. Wanda Neal (check payable)

C/O Muse Family Reunion
Neal, LLC
PO Box 1067
Bowie, Maryland 20720

Cancellation for Event: The event will be held rain or shine. No refunds. By registering for this event, you agree to the cancellation policy of this event.