

Bethel Location & # \_\_\_\_\_

Committee Use:

Person Completing the Form & #: \_\_\_\_\_

Date Received: \_\_\_\_\_

Amount Enclosed: \_\_\_\_\_

Check # & Amount: \_\_\_\_\_

		Registration	ROOMING			SESSION INFORMATION				Attending
		\$5 Regular \$10 Sat. Only	Friday	Saturday	Total	Adult = A / Youth = Y or JD2B	Grade/Work	Bethel Station	Bethel #	CAV
	1. Example Claudine Hannold	\$5.00	\$28.00	\$28.00	\$61.00	A	Work	Helper	1	No
	2. Example Tammy Dankenbring	\$5.00	\$28.00	\$28.00	\$61.00	A	Work	Secretary	10	No
	3. Example Karen Willard	\$5.00	\$28.00	\$28.00	\$61.00	A	Work	Treasurer	1 & 10	Yes
R o o m 1										
R o o m 2										
R o o m 3										
R o o m 4										
R o o m 5										
R o o m 6										

RSVP Due by JANUARY 14th, 2012 to Tammy Dankenbring / LATE fee of \$25 will be assessed

Checks Payable to: GGC of Michigan