



Military Order of the Cootie REGISTRATION 84th 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.)

<u>Type of Registration</u>	<u>Advanced Registration</u>	<u>After 10/1/2018</u>
Full Registration	\$85.00 _____	\$100.00 _____
Registration Only	\$20.00 _____	\$25.00 _____
Banquet Only	\$50.00 _____	\$55.00 _____
Bus Ticket	\$15.00 _____	\$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