



## REGISTRATION FORM

Name \_\_\_\_\_ Department \_\_\_\_\_

Address \_\_\_\_\_ Detachment/# \_\_\_\_\_

City/State/Zip \_\_\_\_\_ Office \_\_\_\_\_

eMail Address \_\_\_\_\_

Auxiliary Member Name \_\_\_\_\_ Unit/Dept \_\_\_\_\_ / \_\_\_\_\_

Address (If different from above) \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Current Office Held \_\_\_\_\_ eMail \_\_\_\_\_

Guest \_\_\_\_\_

MCL Member(s) attending \_\_\_\_\_

**MCL MEMBERS \$5.00 REGISTRATION  
AT REGISTRATION TABLE**

Auxiliary Member(s) attending \_\_\_\_\_

### HOSPITALITY ROOM

Number attending \_\_\_\_\_ @ \_\_\_\_\_ each **TOTAL** \_\_\_\_\_

*(Attending Includes Guests)*

**BANQUET - EACH MEAL is \$50 / ENTER NUMBER FOR EACH MEAL SELECTION** **TOTAL** \_\_\_\_\_

\_\_\_\_ BEEF \_\_\_\_ CHICKEN \_\_\_\_ VEGETARIAN \_\_\_\_ VEGAN \_\_\_\_ GLUTEN FREE

**GRAND TOTAL** \_\_\_\_\_ **CHECK #** \_\_\_\_\_ DATE RECEIVED \_\_\_\_\_



## HOTEL / SPECIAL ACTIVITES INFORMATION