

Registration Deadline: July 1, 2017

Registration

Credit Union Name: _____

Contact Name: _____

Email: _____

| Name | <u>Indicate Role:</u> Participant, Guest or Child | <u>Thursday</u> <u>Lunch:</u> Yes or No |
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Registration fee:

Number of Participants _____ x \$150.00 = _____

Number of Adult Guests with Thursday Lunch _____ x \$140.00= _____

Number of Adult Guests without Thursday Lunch _____ x \$120.00= _____

Number of Children (12 & under) with Lunch _____ x \$ 95.00= _____

Number of Children (12 & under) without Lunch _____ x \$85.00= _____

Total Registration Fee: _____

Mail this form and check payable to **U.P. Chapter of MCUL** to:

Darcy McLean
U.P. State Credit Union
W366 West US2
St. Ignace, MI 49781