

SLD Spring 2017 Registration Form

April 7,8,9, 2017 Geneva NY

Date: _____

Chapter Name/Number

Member #: _____

First Name: _____

Last Name: _____

Voice Part: _____

Phone (h/c): _____

Email Address:

Home Address:

Spouse/Guest Names: (may use back side)

<u>Quantity</u>	<u>Type</u>	<u>Rate</u>	<u>Total</u>
_____	Adult	\$35.00	\$.00
_____	Junior	\$20.00	\$.00
_____	Family	\$90.00	\$.00
_____	Total	\$.00

Contact Jim Barickman
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