Name:	tion Forn		
Name:	<b>Registration Form</b>		
Address:			
City:	State:	ZIP:	
Felephone:			
Cell phone:	Texting	Texting acceptable?	
FAX (home):			
E-mail (primary):			
E-mail (alternate):			
am: a Player accompanying a Pla	yer, (name)		
Please number the accommodation options below in	order of preference (	(subject to availability):	
Shared room for nights Preferred roommate(s)	from	to	
Private room for nights additional charge of \$37 / night	from	to	
Age: <12 12-17 18-20 must be accompanied	21-35	_ 36-50 >50	
eat ONLY a vegetarian/vegan diet.			
DO NOT smoke.			
Registration deadline is November 30, 2016. Acc	eptance will be on a f	irst-come first-served basis.	
Attn: M 11302 A	January oira Turner vocet Drive VA 23838-8945		
The balance will be due by December 15, 2016.			
<ul> <li>In the event of cancellations, deposits will be waiting list.</li> <li>Balances will only be refunded if notice of ca</li> </ul>	-		
Recordings or photographs may be made during any session for and submitting my application, I consent to being in such recordir he applicable Winter Payment & Cancellation Policy.	archival or non-commercia	al purposes, including publicity. By signing	