

REGISTRATION FORM

NAME: _____

NAME OF SPOUSE OR FRIEND ATTENDING WITH YOU: _____

YOUR FULL MAILING ADDRESS: STREET: _____

CITY: _____ STATE: _____ ZIP CODE: _____

THURSDAY EVENING:

BONELESS CHICKEN \$25.50 x Number this entree _____ = \$ _____
PORK LOIN \$26.75 x Number this entree _____ = \$ _____

FRIDAY EVENING:

CHICKEN CHESAPEAKE \$27.75 x Number this entree _____ = \$ _____
ROASTED ANGUS STEAK \$29.25 x Number this entree _____ = \$ _____

SATURDAY EVENING:

BUFFET DINNER W/STEAK \$33.00 x Number attending _____ = \$ _____
SALMON ENTREES: _____

REGISTRATION FEE MEMBER (EARLY 1 AUG 98) \$15.00
(LATE AFTER 1 AUG 98) \$30.00 \$ _____

REGISTRATION FEE (GUEST) (EARLY 1 AUG 98) \$ 5.00
(LATE AFTER 1 AUG 98) \$10.00 \$ _____

DUES (IF NOT ALREADY PAID) \$20.00 \$ _____

TOTAL SUBMITTED = \$ _____

Make check payable to: USS FRANK E. EVANS ASSOC'

Mail to: KEN ADAMS

J.C. CAMPBELL