

ARTISTS: PLEASE ENSURE YOU COMPLETE THIS FORM:

NAME: _____

TELEPHONE: _____

CELLULAR: _____

EMAIL: _____

I REQUIRE ONE (1) PARTNER PASS @ \$65.00 yes ____ no ____

MEALS:

You **MUST** indicate which meals you will require so the proper tickets can be included in your registration package and we have accurate numbers for our caterer.

These numbers must be received by August 31, 2018.

FRIDAY:

Lunch yes ____ no ____ Partner _____

Cold Plate Supper yes ____ no ____ Partner _____ *served at the Elks Hall*

*This supper is not included in the Partner Pass so \$10.00 will be charged at the door.
Please indicate if your partner will attend with you.*

SATURDAY:

Lunch yes ____ no ____ Partner _____

Beef Buffet yes ____ no ____ Partner _____ *served at the Legion Hall*

SUNDAY:

Beef Buffet yes ____ no ____ Partner _____ *served at the Legion Hall*

Lunch yes ____ no ____ Partner _____

BILLET:

I require a billet for the nights of:

Friday, September 14, 2018 yes ____ no ____ Partner _____

Saturday, September 15, 2018 yes ____ no ____ Partner _____

Smoking _____ Non-Smoking _____

I (we) have the following allergies / special needs / special requests: