Name		email		phone_	
Address_			City	State_	Zip
	Me	ember/week	Guest/week	Member/day	Guest/day
Fees:				\$50	-
				\$40	
				\$30	
				\$20	
				0	
Name	of Camper	Age	Member _{Y/N}	and guest form: Week 1, 2, both	Fee \$
Adults may er	nter "A" in lieu of	age			
(\$50/pers	on/week) wi	th this form.	Deposit	(if submitted)	
	E	alance (if dep	osit submitted)	due by June 1	
Favorite [Duties, limita	tions, unusual	l arrival/departu	ire times:	
Make che Mail to:	cks payable	to: CHEMEKETANS Annual Outing		Can offer a ride	
		Chemeketans P.O. Box 864 Salem, OR 97308		Need a ride	2
А	SIGNED LIAI	BILITY FORM I	MUST BE INCLU	DED FOR EACH F	PARTICIPANT

2018 OUTING REGISTRATION FORM (please print)