

The Willamettans AANR-NW CONVENTION - July 3 thru July 6, 2008

PO Box 969

Marcola OR 97454

(541) 933-2809 FAX: (541) 933-2796

Email: willies@efn.org

July 3 - GAT training session



Date:

Last Name: First Name:

Address:

City: State: Zip:

Email:

Phone: Adult#: Children# and Age:

Club:

ArriveDate: DepartDate:

NON-AANR GROUND FEES: \$17.50 X No. of Days X No. of Adults =

AANR GROUND FEES: \$14.00 X No. of Day X No. of Adults =

OVERNIGHT CAMPING FEES: \$5.00 per night per tent or RV X Number of Nights =

AANR-NW Registration Fee: \$7.00 X No of Adults =

The Cafe will be open on Thursday night for PIZZA. No reservations necessary

FRIDAY - Chicken	\$10.00	X	<input type="text"/>	=	<input type="text"/>
FRIDAY - Vegetarian	\$7.00	X	<input type="text"/>	=	<input type="text"/>
SATURDAY - Ribs	\$13.00	X	<input type="text"/>	=	<input type="text"/>
SATURDAY - Vegetarian	\$7.00	X	<input type="text"/>	=	<input type="text"/>

Dinner Total:

TOTAL DUE:

DEPOSIT:

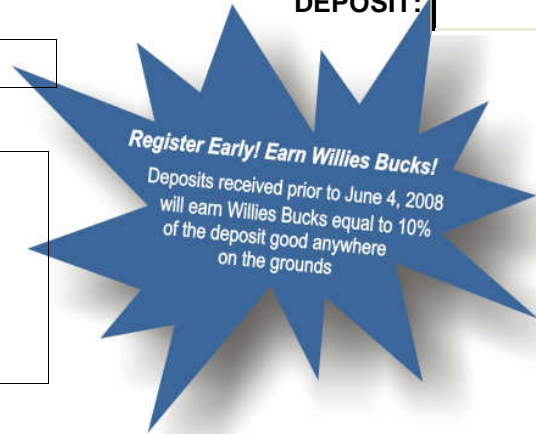
I would like to park with (Club Name):

Memo:

Type of RV

- Motorhome
- Trailer
- 5th Wheel
- Tent
- Other

RVLength:



Method of Payment Check or Money Order Visa MasterCard

AANR#: VISA/MC only - 16 digit account number: Exp. Date: VCode:

I/We (the undersigned) release The Willamettans, AANR NW, and AANR from any and all injuries sustained on the grounds of The Willamettans, Inc. I/We also understand that I/We am/are responsible for all purchases that I/We charge to my/our ID number(s) and that I/We will be billed for any amount that is not paid in full upon checkout.

NO REFUNDS after June 15, 2008. Cancellations prior to that date will receive a refund less a \$15.00 service fee.

Signature _____ Date: _____

Signature _____ Date: _____