

PRE-REGISTRATION FORM

Registration received before May 1, 2005 includes festival bar

Name _____
Last His Hers

Names of Youth _____

Mailing Address _____
Street

City State Zip

Number of adults (\$20.00 each) _____ Number of youths (\$10.00 each) _____

Family package (2 adults and 2 or more youth \$50.00) _____

Total Enclosed _____ (Check or Money Order, NO CASH please)

Please circle the appropriate responses below:

Will you be buying some or all of the meals at the school cafeteria? (Yes) (No)

Will you be parking your RV in the school parking area (free- no hook-ups)? (Yes) (No)

Mail Registration To:
Jerry and Eleanor Washburn
2451 Stadium Blvd.
Twin Falls, ID 83301

e-mail: jtwash@rmci.net