

2015 Carolinas Indian Seminar Group Registration Form

Name of Your Group – Include Lodge number if applicable

Leaders are responsible of their group at all tire.	le for Tour F			ender appropriate l orms/Releases. Lead		
Leaders' Name	Sex	Maili	ng Address	City, State & Zip		Phone
Participants		ıth or		Participants	Youth or	
Name	Adu	ilt	Sex	<u>Name</u>	Adult	Sex
_						

List additional participants on the back of this sheet. Please make copies of this sheet if needed.

Please supply the following information:

rease supply the following information.								
Number of MALES needing accommodations at Mitchell Community College:								
Number of FEMALES needing accommodations at Mitchell Community College:								
Number of members staying in area motels =								
Write in number of members eating each meal: Saturday Breakfast Lunch Supper CB								
and Sunday Breakfast (This is an effort to reduce waste and keep costs down.)								
We have special meal needs (please circle yes or no) NO YES (If yes, please list details on back)								
We request vendor space (please circle yes or no) NO YES								
We need handicap considerations(please circle yes or no) NO YES (If yes, please list details on back)								

For additional information:

Contact Tammy Miller at 704-867-8525 or <u>southernunicorn@yahoo.com</u>

REGISTRATION IS TRANSFERABLE BUT NOT REFUNDABLE.

Please make check or money order payable to:

Eswau Huppeday Lodge

Mail to:

Eswau Huppeday Lodge C/O Tammy Miller 3005 Dresden Drive Gastonia, NC 28056

Postmark by January 9th, 2015

Participants Name	Youth or Adult	Sex	Participants Name	Youth or Adult	Sex
Tune	Tiunt	<u>SCA</u>	Name	Tiduit	<u> </u>
			-		
			-		