Clinic Guest reservation form for BWA Spring Clinic: April 19th & 20th, 2008

Reservation deadline: April 4, 2008 We have to finalize our reservation and order food at this time, so in order to get in on the BWA group discount you must make reservations by April 4. Camping and food for the weekend is $20 for BWA members, $25 for others.

$5 late fee if received after April 4

Reservation includes: Camping Saturday and Sunday, Saturday breakfast and dinner, Sunday breakfast, talent competition and prizes.

INSTRUCTIONS: Fill out information below and mail them along with your registration fee to the address below.

Guest 1) First: |__|__|__|__|__|__|__|__|__|__|__|__| Last:|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|
Age: |__|__| Sex (circle one): F / M
Guest 2) First: |__|__|__|__|__|__|__|__|__|__|__|__| Last:|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|
Age: |__|__| Sex (circle one): F / M
Guest 3) First: |__|__|__|__|__|__|__|__|__|__|__|__| Last:|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|
Age: |__|__| Sex (circle one): F / M

Student you are coming with:
First: |__|__|__|__|__|__|__|__|__|__|__|__| Last:|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|

If you are NOT accompanying a student and are NOT a BWA member, please fill out the information below. (Otherwise, you can leave it blank)
Street Address: |__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__||
City: |__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__| State: |__|__| Zip: |__|__|__|__|__|
Phone: (Day): |__|__|__|-|__|__|__|-|__|__|__|__| (Evening): |__|__|__|-|__|__|__|-|__|__|__|__|
E-mail: |__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__||
Emergency contact (name):
|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|
Relationship: _____ Phone:): |__|__|__|-|__|__|__|-|__|__|__|__|

AMOUNT ENCLOSED:
Number of guests BWA Member____ ($20) Non-Member ____ ($25)
Late Fees: ____ $5 per person after April 4th
Optional:
Platform Tent ____ $8 per person

Total enclosed: _____

Mail your completed reservation form to:

BWA Spring Clinic c/o Hanley Loller
197 Rosemont Garden
Lexington, KY 40503

Make checks payable to "Bluegrass Wildwater Association"

FOR FURTHER INFORMATION, CONTACT: Hanley Loller, Clinic Director (phone) 859-806-9843, (e-mail) clinic@hanleyanddenile.net

For more info on the BWA visit: http://www.surfbwa.org