

REGISTRATION FORM

Kelly Hoernig

September 17-19, 2010

(please print)

NAME: _____

ADDRESS: _____

PHONE: _____ E-MAIL: _____

REGISTERING FOR: (circle all that apply) FRIDAY (9/17) SATURDAY (9/18) SUNDAY (9/19)

DEPOSIT AMOUNT ENCLOSED: \$_____ (make check payable to TCDP)

Mail to: Judy Leasure, President
1517 Buffalo Street
Franklin, PA 16323