

WFA FEATURE FAIR TOUR



S E P T E M B E R 1 4 - 1 6

REGISTRATION FORM

Organization _____ Email _____

Address _____ City _____ State _____ Zip _____

Attendee Name _____ Shirt Size _____

Attendee Name _____ Shirt Size _____

Individual: \$450

Couple: \$550

FORM OF PAYMENT

Total Amount Enclosed: \$ _____ Check Credit Card

Name of Credit Card _____ Credit Card Type _____

Credit Card Number _____ Expiration Date _____ CVC _____

Billing Address _____ City _____ State _____ Zip _____

Signature _____ Date _____