

WSAA CONVENTION

Shilo Inn

Richland, WA

October 22, 23, & 24, 2010

REGISTRATION FORM

	Delegate	Guest	Officer
NAME: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NAME: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Representing: Club or Shop: _____	WSAA Office _____		
Address: _____	City: _____	State/Zip: _____	
Phone: _____	E-mail Address: _____		

REGISTRATION FEES:

Delegate: # _____ @ \$ 8.00 each Total: \$ _____

Guest: # _____ @ 8.00 each Total: _____

Officer: # _____ @ FREE

Banquet: # _____ @ 37.50 each Total: _____

Quilt Raffle Tickets # _____
@\$ 1.00 Each Total: _____

Wine Tasting Tour # _____
@\$ 30.00 each Total: _____

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Total Amount: \$ _____

Mail Registration Form with
Check or Money Order payable to:

Colyak Bowhunters
P.O. Box 6344
Kennewick, WA 99336