

Registration Form

Grand Conseil 2008 ~ Philadelphia

Please Print:

Member Full Name: _____

Nickname for Name Tag: _____

Member Full Tastevin Title: _____

Member Sous-Commanderie: _____

Spouse / Partner Full Name: _____

Nickname for Name Tag: _____

Spouse / Partner Full Tastevin Title: _____

Spouse / Partner Sous-Commanderie: _____

Contact Cell Phone #: _____

Contact Email address: _____

Member's Registration Payment \$ _____

Spouse / Partner's Registration Payment \$ _____

Member – Paulée \$ _____

Spouse / Partner – Paulée \$ _____

Other \$ _____

Grand Total Enclosed: \$ _____

Please make checks payable to Philadelphia Tastevin – GC 2008. Your check and registration form MUST be received by February 29, 2008 to confirm your reservation.

Please send checks and enclosed registration form to:
P.O. Box 374 Solebury, PA 18963 U.S.A.