

Registration Form

Name:

Address:

City: State : Zip Code:

Phone: E-mail:

Family Members





Name	Age	Sex	
			<input type="checkbox"/> 18&Over <input type="checkbox"/> Student/Youth
			<input type="checkbox"/> 18&Over <input type="checkbox"/> Student/Youth
			<input type="checkbox"/> 18&Over <input type="checkbox"/> Student/Youth
			<input type="checkbox"/> 18&Over <input type="checkbox"/> Student/Youth
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Registration Fee

	Amount	No. of Attendees	Total
Individual 17&Over	\$25		\$
Student/Youth (17 and under)	\$20		\$
Children (Under 10) - FREE	\$0		\$
Family of 4	\$65		\$
Family of 5 or more	\$75		\$
		Grand Total	\$

Payment

Payment Method: Cash Check () Credit Card

Charge to my:    

Card No.

Name on card

Exp. Date _____ / _____ Security Code:

Signature

Date _____ / _____

If you encounter any problems with charges, please contact registration office first.

Date: / / Discount Code


Registered by:

4 ways to Register

 Online : www.masctconvention.org

 Call: 203-812-8329

 Mail: **MAS CT Chapter** 2 Prudden St., West Haven, CT 06516

 In Person: Complete this form and bring it with you at the time of the convention.