

Name of People Attending: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State/Province: \_\_\_\_\_

Postal Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

Number of Adults: \_\_\_\_\_

Number of Children between ages 6-12: \_\_\_\_\_

Total Amount Enclosed: \_\_\_\_\_

**Please, send check to:**

Bugsy Sundberg

906 Zarelda

Butte, MT. 59701