

**BTA Annual Meeting Registration 2008
NAPOLEON OH**

Name(s) _____

Street _____ City _____ State _____ Zip _____

Telephone (_____) _____

E-mail (for notification of registration received) _____

FULL WEEKEND \$40.00 per person

Includes snacks Friday evening, all meals Saturday (B,L,D), Sunday breakfast,
meeting, programs, activities and snacks

SATURDAY DAY \$25.00 per person

Includes meeting, lunch and dinner, evening program and activities, and snacks

No. Attending _____ Am't. enclosed _____

Indicate housing: In church Trailer

IMPORTANT!

If registration postmarked after April 9, add a \$5.00 late fee per person.
No refunds after April 11 (date registration due)

Send form and check to:

Ruth Brown
P.O. Box 151
2552 State Route 61
New Haven, Ohio 44850
419-935-0668
bandrbrown@accnorwalk.com

Please make checks payable to Buckeye Trail Association