

PreOrder Registration Slip

Adult Name: _____

Daughter: _____

Extra Child: _____

Phone #: _____

Email: _____

Couple \$25 _____ Extra Child \$5 _____ Total Amount Enclosed \$ _____



Make check payable to : Lakeside Booster Club

Mail payment & registration slip to: 15217 N Pheasant Rd, Nine Mile Falls, WA 99026