

B.C.H.Chapter:		Delegate: YesNo	
Name:			
Mailing Address:			
City:	State:	Zip:	
Phone:()	E-mail:		
Guest:			

Registration Fee: Before 02/24/06, \$65.00 per person, After: 02/24/06, \$75.00 per person Full Registration fees include: Lunch and Banquet and Guided Tour.

~ Spouse and/or Guest's of Participant ~

Name:____

_____ Name:_____

Name:_____ Name:_____

Guest Tickets	Fee	Number of Tickets	Total	Guest Total
Saturday Lunch	\$15	Х	=	Ş
Saturday Banquet	\$30	Х	=	\$



Guest Total Registration Fee

\$

\$_____

Grand Total

\$

Please make checks payable to and mail completed form with fees to: Mission Valley BCH P.O. Box 1132 Polson, MT 59860

All registrations must be received by: 03/15/2006 For further assistance please contact: Paula Weaver, (406)883-3092 or e-mail: pweaver@tamsco.com

