



<<<<<<<<<< LOBSTERCON2010! REGISTRATION FORM >>>>>>>>>

DATE: _____ Scheduled dates are: July 9, 10 & 11 2010

CALL: _____ # IN PARTY: _____

NAME: _____

XYL & KIDS NAMES: _____

HOME ADDRESS1: _____

ADDRESS2: _____

TOWN: _____

STATE: _____

ZIP: _____

TELEPHONE #: _____

CELL #: _____

EMAIL ADDRESS: _____

ARRIVAL DAY: _____

ARRIVAL TIME: _____

DEPARTURE DAY: _____

DEPARTURE TIME: _____

ATTENDING NO HOST FRIDAY DINNER: _____

ATTENDING BBQ LUNCH: _____

ATTENDING LOBSTER DINNER: _____

ATTENDING SUNDAY BREAKFAST: _____

ANY SPECIAL NOTES/INSTRUCTIONS/FOOD REQUESTS: _____

ANY CONTRIBUTIONS IN PHYSICAL HELP OR ACTIVITIES: _____

COMMENTS OR SUGGESTIONS: _____

Fees: Registration: _____ people x \$40.00/person = \$ _____

Camping: _____ people x # _____ nites x \$10.00 = \$ _____

(families with 1 or more child = 2 people)

Make checks or money orders out to QRPme Total = \$ _____

And mail to QRPme PO Box 160 Limerick, Maine 04048

OR Paypal to: w1rex@megalink.net

