

ILLINOIS DEMOLAY FALLFEST FAMILY CELEBRATION '2005

REGISTRATION FORM

TYPE OR PRINT

RETURN COMPLETED FORM TO:

ILLINOIS DEMOLAY

8809 HIGHLAND COURT

ROCK ISLAND, IL 61201

PHONE 309-787-4966

CHAPTER: _____

ADDRESS: _____

CITY: _____

SIGNED: _____

DATE: _____

REGISTRATION DEADLINE IS SATURDAY, NOVEMBER 12, 2005

DEMOLAY	AGE:	FRI-SUN.	SAT/SUN	ROOM
1 NAME:		\$75.00	\$65.00	
2 NAME:		\$75.00	\$65.00	
3 NAME:		\$75.00	\$65.00	
4 NAME:		\$75.00	\$65.00	
1 NAME:		\$75.00	\$65.00	
2 NAME:		\$75.00	\$65.00	
3 NAME:		\$75.00	\$65.00	
4 NAME:		\$75.00	\$65.00	
1 NAME:		\$75.00	\$65.00	
2 NAME:		\$75.00	\$65.00	
3 NAME:		\$75.00	\$65.00	
4 NAME:		\$75.00	\$65.00	
SWEETHEART/ CHAPERONE -- REGISTER BELOW:				
1 NAME:		\$85.00	\$75.00	
2 NAME:		\$85.00	\$75.00	
ADVISORS - MOTHERS/PARENTS -- REGISTER BELOW:				
1 NAME:		\$85.00	\$75.00	
2 NAME:		\$85.00	\$75.00	
1 NAME:		\$85.00	\$75.00	
2 NAME:		\$85.00	\$75.00	

MAKE CHECK PAYABLE TO: **ILLINOIS ORDER OF DEMOLAY**
AND SEND WITH REGISTRATION FORM

REGISTER NOW!!!

TOTAL FEE \$ _____

\$10.00 PENALTY PER PERSON IF **POSTMARKED** AFTER NOVEMBER 12th