



Alumni Reunion and Volunteer Work Weekend Registration Form April 20th - 22nd, 2012

Primary Contact Information

Name: _____ Day Phone: _____
Address: _____ Other Phone: _____
_____ Dietary Needs: _____
Email: _____ Allergies: _____
Arrival Date: _____ Departure Date: _____
Arrival Time: _____ Departure Time: _____

Additional Participant(s) Information

Name: _____ Name: _____
Dietary Needs: _____ Dietary Needs: _____
Allergies: _____ Allergies: _____
Date of Birth: _____ Date of Birth: _____
Name: _____ Name: _____
Dietary Needs: _____ Dietary Needs: _____
Allergies: _____ Allergies: _____
Date of Birth: _____ Date of Birth: _____
Name: _____ Name: _____
Dietary Needs: _____ Dietary Needs: _____
Allergies: _____ Allergies: _____
Date of Birth: _____ Date of Birth: _____

**Please mail or fax
registration to:**
Miniwanca
Attn: Luke Petsch
8845 W. Garfield Road
Shelby, MI 49455
(231) 861-5244 fax

**You will receive a
confirmation
email when your
registration is
processed.
Thank you!!**

**Please direct
questions to:**
Luke Petsch
(231) 861-2262 ext. 1101
lpetsch@ayf.com