



Oktoberfest

Registration Form

Name: _____

Address: _____

Town/State/Zip: _____

Phone: _____ # of Campers: ___Adult ___Under 13

Chapter Name: _____

Size Unit (required): _____ Type OF Unit (required): _____

Do you plan on arriving early: ___(Yes) ___(No) ___(Undecided)

Do you require handicap parking: ___(Yes) ___(No) Handicap plate or placard required.

Any special needs we should know about? _____

Weekend (4 days/3 nights), 3 breakfasts, 2 dinners and an Oktoberfest celebration.

A full schedule of events will be posted at the site. Please come prepared to 'volunteer' as needs arise.

Return forms to: Linda Spofford; PO Box 174; Pembroke, NH 03275

Registration