

**Name of Family Participant(s):** **PLEASE PRINT CLEARLY OR TYPE**

Indicate (age) of participant if under 18 years of age

1 \_\_\_\_\_ (\_\_\_\_)      3 \_\_\_\_\_ (\_\_\_\_)  
 2 \_\_\_\_\_ (\_\_\_\_)      4 \_\_\_\_\_ (\_\_\_\_)

Mailing Address (street, city, state, ZIP): \_\_\_\_\_ Phone: \_\_\_\_-\_\_\_\_-\_\_\_\_\_  
 \_\_\_\_\_ Cell Phone: \_\_\_\_-\_\_\_\_-\_\_\_\_\_  
 \_\_\_\_\_ Email Address: \_\_\_\_\_

**Registration Fee:**

Check and form received by ...	July 1	at Meet	# of people	cost	Amounts (US \$)
Per Adult (16 & older)	\$55.00	\$65.00	_____ @	\$ _____ =	\$ _____
Per Junior Wheelmen (under 16)	\$20.00	\$25.00	_____ @	\$ _____ =	\$ _____
<b>You are not considered registered until your payment has been received.</b>					Reg. Subtotal = <span style="border: 1px solid black; padding: 2px;">\$ _____</span>

Room Fee:	Tue	Wed	Thu	Fri	Sat	# of nights	rate	Room fee
Single Room:	_____	_____	_____	_____	_____	= _____ @	\$22.00/person x _____ (people) =	\$ _____
Double/Triple:	_____	_____	_____	_____	_____	= _____ @	\$17.00/person x _____ (people) =	\$ _____
Lost Key Charge: @ \$25.00/key (assessed if key not turned in at checkout)								Room Subtotal = <span style="border: 1px solid black; padding: 2px;">\$ _____</span>

Roommate name if not on this application: \_\_\_\_\_ Triple is using a sleeping bag on floor of double.  
 \* NOTE: Bed sheets, pillows, and bath towels **WILL NOT** be provided. (This is not a normal university service for students.)

Facilities Fee (for participants NOT staying in the dorm; i.e.: those staying at a hotel, commuting, or self-contained motorhome):	Thu	Fri	Sat	# of days	rate	Facility fee
Facility Fee:	_____	_____	_____	= _____ @	\$5.00/person x _____ (people) =	<span style="border: 1px solid black; padding: 2px;">\$ _____</span>

**Meals: Pre-Paid (Age 5 and above)**

	# of meal plans	Meal fees
Ten (10) meal plan: (Does NOT include the Saturday evening banquet.) WED dinner, THU 3 meals, FRI 3 meals, SAT 2 meals, SUN breakfast.	# of plans: _____ @	\$85.00 pp = \$ _____
<b>Eight (8) meal plan:</b> (Does NOT include the Saturday evening banquet.) Any eight meals (above list) and you decide which meals during the meet.	# of plans: _____ @	\$73.00 pp = \$ _____
<b>Banquet Saturday Evening (Age 5 and above)</b> Banquet (Sat. eve.)	Total # of ADULT banquets: _____ @	\$22.00 pp = \$ _____
Kid's Pizza-N-Soda Banquet (Sat. eve.)	Total # of KID banquets: _____ @	\$6.00 pp = \$ _____
		Meals Subtotal = <span style="border: 1px solid black; padding: 2px;">\$ _____</span>

How many meal plans are vegetarian? \_\_\_\_\_ How many banquets are vegetarian? \_\_\_\_\_

**Meals: Pay at Cafeteria** (Do NOT enclose money here!) For our info, how many people? \_\_\_\_\_  
 Pay at cashier (plus tax): Breakfast \$7.45; Lunch \$11.25; Dinner \$14.95

**Century Day Ride Fee:** \*\* Century Day is Thursday, July 19th \*\* (Optional, free, unsupported century is Wednesday.)

Name (Last, First)	Distance	Make, model, and date of bicycle	Ride fee	Ride Fee
_____	(100, 75, 50, 25)	being ridden. First Century?	@ \$15.00	\$ _____
_____	_____	_____	@ \$15.00	\$ _____
_____	_____	_____	@ \$15.00	\$ _____
Attach additional sheet for more century-day rider names from this registration form.			Ride Subtotal =	<span style="border: 1px solid black; padding: 2px;">\$ _____</span>

**Other Items:**

Group Photo, 11"x14" (Includes postage and handling)	No. of Photos _____ @	\$14.00 =	\$ _____
Annual Meet T-shirt      S _____ M _____ L _____ XL _____ XXL _____	No. of Shirts _____ @	\$12.00 =	\$ _____
Swap Meet table(s) (Swap Meet will tentatively be Friday afternoon.)	No. of Tables _____ @	\$10.00 =	\$ _____
Memorabilia Meet table(s) (tentatively Friday morning) No. of FREE Tables _____	Other Subtotal =		<span style="border: 1px solid black; padding: 2px;">\$ _____</span>

Grand Total Enclosed = \$ \_\_\_\_\_

Please indicate how many are interested in Optional activities:

July 18 Century Ride? #       July 22 FORTH Race? #       Small-gauge steam train ride? #   

Send completed registration form and payment (payable to: OHIO WHEELMEN) to:  
 Ohio Wheelmen, P. O. Box 230, Huron, OH 44839-0230