

Mackinac Island 2024

WRVM BUS TRIP REGISTRATION FORM

Please completely fill out a form for **each** person or married couple

Name: _____ Date: _____

Address: _____

City, State, Zip: _____

Cell phone # _____

Email: _____

Pick-up Location:

<input type="checkbox"/> Marinette		

Make checks payable to WRVM Inc.

Payment is due at time of registration by either check or credit card.

To pay by credit or debit card, please fill in the following information:

<input type="checkbox"/> Visa	<input type="checkbox"/> Master Card	<input type="checkbox"/> Discover Card
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Card # _____

Expiration Date: _____

Signature: _____

Registration deadline is August 18

<input type="checkbox"/> Single room	\$1160	
<input type="checkbox"/> Double occupancy	\$800	
<input type="checkbox"/> Triple occupancy	\$740	
<input type="checkbox"/> Room of four	\$705	
<input type="checkbox"/> Children (6-17)	\$320	

Total Cost: _____

- I require a handicapped room.
- I require a room near the elevator.

I will be rooming with: _____

