Name: Address: City, State, Zip: Cell phone # Email: Marinette Make checks out 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: Visa Master Card Expiration Date: Signature: Registration Deadline is September 16	Address: City, State, Zip: Cell phone # Email: Marinette
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Registration Deadline is September 16	Expiration Date:
	Signature:
Per Person Total Cost	Registrat
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Single room \$1000	Single room
1 person, 2 in room. \$700	1 person, 2 in room.
1 person, 3 in room \$660	1 person, 3 in room
1 person, 4 in room \$640	1 person, 4 in room
Children (6-17) \$150	Children (6-17)
Cost includes 2 nights at the Grand Hotel with 2 dinners, 2 breakfasts, motor coach transportation, roundtrip ferry to the island, 2 concerts with Legacy Five and The Sound and 1 lunch.	motor coach tra
☐ I require a handicapped room. ☐ I require a room near the elevator.	
I will be rooming with:	☐ I require a handica