

PRE-REGISTRATION FORM

Cut Out ✂

Name: _____ MCL MCLA

Address: _____ City: _____

Phone: _____ Email: _____

Detachment/Unit: _____

Dietary Preference: None Vegetarian Diabetic

Drink Preferences: _____

Include Check for \$10.⁰⁰
 Payable to **HOWLIN MAD DETACHMENT**
 Plus Completed Form Per Person
 (Photocopies Accepted for Additional Persons)
 and Mail to:

**HOWLIN MAD DETACHMENT
 MARINE CORPS LEAGUE
 ATTN: FALL CONFERENCE
 P.O. Box 353
 HOBART, IN 46342-0353**

*** Please Mail Before September 15th, 2010 ***
 *** Late Registration Fee at Hotel: \$15.⁰⁰ ***

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