

REGISTRATION FORM

Name: _____

Name Spouse/guest: _____

First time to attend: (Yes or No) Self _____ Spouse/Guest _____

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Annual Dues: You should have received your HCSC statement from the National HCSC Club and processed your payment of \$35.00 accordingly. If not, please remit along with your registration fee, \$10.00 for local dues.

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Registration Cost		Partner	Spouse/Guest
Total cost for four meals at the St. James Hotel *All taxes, tips, and service charges are included	\$150/person	\$_____	\$_____
Monday Banquet and Entertainment	select entrée		
	Pork Loin	_____	_____
	Salmon	_____	_____
	Vegetables en croute	_____	_____
Tuesday Plated Breakfast	select entrée		
	All American	_____	_____
	Cinn. French Toast	_____	_____
	C. Sausage Turnover	_____	_____

Monday Activities (select one):

- | | | | |
|---|-------------|--------------------------|---------|
| 1. Golf and Lunch at Gopher Hills Golf Course
Guided Tour of Sheldon Theater | \$60/person | \$_____ | \$_____ |
| | | List your handicap _____ | _____ |
| 2. Tourist Day in Historic Red Wing
Red Wing Pottery Museum Tour
Lunch at Pie Plate Café & General Store
Walking Tour of Historic Red Wing
Red Wing Shoe Store and Museum
Guided Tour of Sheldon Theater | \$30/person | \$_____ | \$_____ |

*If you have not paid National Dues add \$10.00 for Local North Central dues \$_____

Registration and Activities Sub Totals \$_____ \$_____

TOTAL AMOUNT ENCLOSED \$ _____

Note: Please make checks payable to North Central HCSC Club.

Return this registration form and payment by August 1 to:

North Central HCSC "Alumni" Club
c/o Jean Lewis
1061 Hawthorne Ridge
Macomb, IL 61455