## 2019 NEW ENGLAND CMP CUP & CMP GAMES VSRPA Billet & Meals Registration

First Name:			Last Nam	e:		
Street 1:			Street 2:			
City:			-	ST: _	Zip	<b>:</b>
Cell Phone:			Home Pho	ne:		
Email:						
<b>Billet Request</b> To 24 man rooms. Billed typically equipped whether the blankets, towels and	ets will be assignith a small ref	gned on a first corigerator, fan an	ome, first ser d clock; you	ved basis. will provid	The 1, 2, and e your own line	4 man rooms are nens, pillows,
		y can request b will be \$20 per	_	_		(802) 899-7028 n assignment
I will need a room:	Sun Mor 9/15 9/16			0 9/21 9	un /22	
	Number of	boxes checked a	above:	X \$20 =	Total for Roo	m
I am requesting: 1st	2nd 3rd 4th		will bunk w	ith ith		, etc.)
Meals Request Is sign up for meals. Be available for pick-up Sunday 9/15, and on	reakfast and D across the mo ly breakfast wi <b>Brea</b> l	inner will be ser rning and *may ll be available o kfast is \$7; Lun	rved in the C * be delivere on Sun 9/22. ach is \$9 and	ram Dininged out to the	g Hall; bag lur e ranges. No n	iches will be made
I am requesting:	Mon Tues 9/16 9/17	Wed Thurs 9/18 9/19 9		Sun 9/22		
Breakfast Lunch Dinner			cookout	# #	x \$7 = x \$9 = x \$12 =	= = =
I plan on	attending the	FREE Cookout		Total	for Meals =	
Billeting T	otal	+ Me	al Total		= Total	

## **Using This Form / Payment**

This form can be filled out on your computer, and can then sent via email to <a href="mailto:secretary@vsrpa.org">secretary@vsrpa.org</a>, or it can be printed and then snail-mailed to: 2019 CMP NE Games, 454 South Main St, Northfield, VT 05663.

If emailed, payment will be expected when you check-in. If snail-mailed, you can pre-pay by check.

At this time we do not accept credit card or debit card payments.