2018 CONSTANTINE SUPER MEET REGISTRATION Meet dates - July 6, 7, 8 - 2018

Send completed form and check to Kevin Van Oirschot, 403 Pembroke Drive, Saline, MI 48176 Phone 734-272-5849 Make checks payable to Kevin Van Oirschot. Pre-registration must be postmarked by June 14th, 2018

Name (Please Print)			
Address			
City	State	Zip Code	
Telephone ()	E-Mail Address		<u></u>
Immediate Family Members Attending (Please L	ist)		
AOMCI Member [] Yes [] No	Chapters (s)		
Family Registration Fee (One Household. i.e.	Parents and dependent children)		\$ 10.00
Saturday evening Awards Banquet Tickets - No	e @ \$12.00 ea (Adults)		\$
Saturday evening Awards Banquet Tickets - No_	@ \$6.00 ea (Children 12 yrs & u	nder)	\$
Swap Meet Space – No @ \$10.00 ea. I (10' X 20' Approximately)			\$
If requesting multiple spaces, indicate side-to-sid highly recommended that they try to pair up with Let's please make room for everyone.			
Camping Fee (\$15.00 for tents and vans \$20.00 for	or motor homes) PRIMITIVE No Ho	ook-Ups	\$
		TOTAL DUI	E \$
*****There will be a Commemorative Participa are being made so don't get left out,	ant Plaque for the Super Meet given out w register early. Registrations must be pos		
All adult family members must read and understand the	ne liability release and sign to denote having do family member under 18 years of age.	one so. A parent or guardi	an must also sign for each
The undersigned person, by signing this document, doe involving his assistants or crew and for any or all dama possessions. The undersigned person does hereby relea granting permission for activities, together with their su and all liability, claims demands and causes of action we either of them in any way growing out of or resulting fr facility provided or used, whether or not same may be of participating in controlled activities or informal activities of himself and his assistants and guests, whether caused written shall in any way effect his release. Furthermore accept as final all decisions of properly authorized office	age or injury that may be caused by any or all of ase the MOB and Great Lakes AOMCI Chapter accessors, assigns, officers, agents, assistants, replaced as the most act, acts or activity or in connections appeared or controlled by them and whether arises or subsequent thereto the signer assumes all the by the negligence or otherwise, and said signer, said signer certifies to the truth of all statements.	of them or by his boat or more and any organization spore representatives, employees in may accrue in his favor a with any vessel, dock, floatising wile in preparation or I risk of injury and damage are agrees that no other agrees	otor or property or onsoring, assisting, or , and spectators from any gainst them or any or t, barge, equipment or practice, while to the person and property eement whether oral or
In witness whereof, the undersigned has hereunto set hi	is hand and seal the day and year written below	v.	
Signature		Date	
Signature		Date	
		Date	
Name of Minor	Parent or Guardian Signature		
		Date	

Parent or Guardian Signature

Name of Minor