

## EerieCon Registration Form

(does **NOT** include hotel registration)

Please **TYPE** or **PRINT**

NAME: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_

STATE/PROVINCE: \_\_\_\_\_ ZIP/POSTAL CODE: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

Please indicate number of memberships:

\_\_\_\_\_ Children (\$1 US per year through age 12)

\_\_\_\_\_ Adult rate (ages 13 and over)

Weekend memberships are \$35 **US** per person until March 26, 2005; \$40 **US** per person thereafter and at the door. One-day memberships are available only at the door.

\_\_\_\_\_ total number of weekend memberships    **US\$**\_\_\_\_\_ payment enclosed

Mail this form with your check or money order (**US Funds ONLY**) to:

**BUFFALO FANTASY LEAGUE, P O BOX 412, BUFFALO NY 14226**