

REGISTRATION FORM

Name: _____

Address : _____

City, State, Zip: _____

Evening Phone: _____

Email: _____

Registration

	Quantity	Price/Each	Amount
On or before 6/1			
Adult	_____	\$40	_____
Child (4-12)	_____	\$20	_____
Child (under 4)	_____	free	_____
Saturday Evening Dinner			
Adult	_____	\$40	_____
Child (4-12)	_____	\$27.50	_____
Child (under 4)	_____	free	_____
TOTAL			_____

Please make checks payable to: **McCraw Family Association**

Register directly at Embassy Suites Hotel Kansas City–International Airport :
1-800-EMBASSY or online at www.embassysuites.com.

List Name(s) as they should appear on Name

Badges: _____

Family Number: _____ (if known)

Please return to:

Faye E. Moore
McCraw Family Association Meeting
94 The Woodlands
Gladstone, MO 64119

Questions? Contact me at: 816-453-7712 or fmoore4@kc.rr.com