## WING FAMILY OF AMERICA, INC., NATIONAL REUNION Des Moines, Iowa June 15-17, 2018

## **REGISTRATION**

Complete registration form for each address. Copy form if needed for registrant(s) at other address(es). Name of person who can be contacted regarding this registration. Print information and use name as it should appear on badge.

Las	st Name:	First:			MI:
Ag	e (needed for meal purposes:	12+ years	3-11 yea	ars	0-2 years
Tel	ephone:	E-mail address: _			
Str	eet address:				
	y, state and zip code:				
For	r emergency purposes, provide phon	e name and phone nu	mber:		
	mily line: (John, Daniel, Stephen or				
	e you a member of the Wing Family ove you attended a previous WFA Re		Yes Yes		
Ad	ditional registration(s) for person(s) in	n your household:			
2.	Last Name	First:			MI:
	Last Name Age: 12+ years	3-11 years	0-2 years		
	Are you a member of the WFA:		Yes Yes	No	
	Have you attended a previous WF	Teunion	res	INO	
3.	Last Name	First:			MI:
	Age: 12+ years	3-11 years	0-2 years		
	Are you a member of the WFA:		Yes	No	
	Have you attended a previous WF	A reunion:	Yes	No	
4.	Last Name	First·			MI
••	Last Name Age:12+ years	3-11 years	0-2 years		
	Are you a member of the WFA:		Yes	No	
	Are you a member of the WFA: Have you attended a previous WFA	A reunion:	Yes	No	
5.	Last Name	First:			MI:
	Age:12+ years	3-11 years	0-2 years		
	Are you a member of the WFA:		Yes	No	
	Have you attended a previous WE	A reunion:	Yes	No	

## REGISTRATION - Page 2

## **Meal Registration**

Cost for breakfast for guests at The Embassy Suites for all days is included in price of accommodations.

Do you have dietary restrictions? If so	, please specify	
Thursday, June 14 Will you be joining us for the early arrival	dinner? Yes No	Number in your party
COST FOR EVENTS and NUMBER IN Y There will be no meal charge for childr		
<b>Friday</b> , June 15 Dinner	No x \$50	\$
Saturday, June 16 Bus trip to Pella	No x \$65	\$
Membership meeting	No x \$35	
Sunday, June 17	No x \$45	\$
Total Charges for registrations postmarked no	\$	
POSTMARKED after June 1, please add \$15.	\$	
TOTAL CHARGES for registration	\$	
After you have completed both pages 1 and 2	r, please make your check payable to a Marcia Wing, WFA Registration 4655 SE 104 <sup>th</sup> Street	nd send to:

Contact information: Telephone: 515-249-2166 E-mail address: marciawing4655@gmail.com

Runnells, IA 50237

For further questions, please contact Sheila Navis at 515-468-0067 or (srnavis68@gmail.com)