



2009 IMAA / KCSA FAMILY SUMMER MEETING
French Lick Resort, French Lick, IN - August 6-9, 2009

REGISTRATION FORM

COMPANY NAME		TELEPHONE:	
YOUR NAME		E-Mail:	
SPOUSE / GUEST			
GUEST			
CHILD NAME		AGE	
CHILD NAME		AGE	
CHILD NAME		AGE	
CHILD NAME		AGE	
			Carry totals down to Grand Total
TOTAL NUMBER OF ADULTS	# _____ @ \$200 =	\$ _____	
TOTAL NUMBER OF CHILDREN 3-15	# _____ @ \$ 75 =	\$ _____	
TOTAL NUMBER OF CHILDREN UNDER 3	# _____ FREE	\$0.00	
Total Registration Due			\$ _____

GOLF CHALLENGE - Donald Ross Golf Course (Friday Only)			
GOLFERS	# _____	@ \$125. each	= \$ _____
Name:		Golf Handicap	
Name:		Golf Handicap	
Name:		Golf Handicap	
Name:		Golf Handicap	
Total Golf Fees Due			\$ _____

GRAND TOTAL AMOUNT DUE \$ _____

Invoice Company _____ **Check Enclosed** _____ **Credit Card** _____ *(fill in info below)

Mail Check to: **Indiana Mineral Aggregates Association**
 11711 N. College Ave., Suite 180 **Carmel, IN 46032**
 or fax registration to: 317-580-9183

Name on Credit Card	VISA _____ Mastercard _____
Address for Card	Zip Code _____
Credit Card Number	_____ - _____ - _____ - _____ Exp. Date _____ Sec. Code _____
Address for Receipt	