

NATIONAL HOSPICE REGATTA CHAMPIONSHIP

April 15-17, 2005

RESERVATION FORM (rev. 4-6-05) due Friday, April 8

NAME _____

ADDRESS _____

PHONE(s) _____

EMAIL _____

Please reserve the following numbers of passes for me or **my guests***:

All-Weekend Social Passes* _____ @ \$75 each \$ _____

I/we intend to use these passes at the following activities (*not binding*):

Friday Hospice Cup XXIV Welcome Party _____ (number)

Saturday Champions Reception _____ (number)

Sunday Awards Presentation _____ (number)

One-use Passes*

Friday Hospice Cup XXIV Welcome Party _____ @ \$25 \$ _____

Saturday Champions Reception _____ @ \$50 \$ _____

Sunday Awards Presentation (free) _____ no charge

TOTAL \$ _____

Spectator Boat Passage* No charge. Reservations Required but based on availability. Light beverages provided. Individual lunches available by advance order, \$15 each.

Friday afternoon races _____ # of people* _____ lunches @ \$15 \$ _____

Saturday races _____ # of people* _____ lunches @ \$15 \$ _____

Sunday races _____ # of people* _____ lunches @ \$15 \$ _____

TOTAL \$ _____

** Please list names below.*

VERY IMPORTANT: In case of emergency changes, how can we contact you 4/15-17?

Make checks payable to the **National Hospice Regatta Alliance**. Mail checks to: Linda Ambrose, 1106 Van Buren Street, Annapolis, MD 21403