

Fill out this form completely - return this portion with payment **ASAP!!!**

Alumnus Information

Alumni Name: _____ Email: _____

Address: _____ Phone: _____ - _____ - _____

City: _____ State: _____ Zip Code: _____

Years at camp (from 19____ to 19____) Camper: ____ Staff: ____ Other: ____

Select Reunion Package

Choose one from this column . . .	And one from this column . . .
____ I will be <u>attending alone</u> (A)	____ I will be attending the <u>full weekend</u> (1)
____ I will be <u>bringing guests</u> (B)	____ I will be attending <u>Saturday only</u> (2)

Pricing

(please see table above for option combinations)

A1 = \$187.50 **B1** = \$312.50 for alumnus plus 3 guests, additional guests \$62.50
A2 = \$125.00 **B2** = \$125.00 for alumnus, additional guests \$31.25

If you will be bringing guests . . .

Your guests listed below CANNOT have been involved with Camp Waupaca in any way. Each alumnus must pay their own registration fee:

- Guest #1 name: _____ (add \$31.25 if Saturday only)
- Guest #2 name: _____ (add \$31.25 if Saturday only)
- Guest #3 name: _____ (add \$31.25 if Saturday only)
- Guest #4 name: _____ (add \$62.50 if full weekend; add \$31.25 if Saturday only)
- Guest #5 name: _____ (add \$62.50 if full weekend; add \$31.25 if Saturday only)
- Guest #6 name: _____ (add \$62.50 if full weekend; add \$31.35 if Saturday only)
- Guest #7 name: _____ (add \$62.50 if full weekend; add \$31.25 if Saturday only)

Payment Option (check only one):

____ I am making a full payment by check (enclosed) payable to "Camp Waupaca Reunion Group".
Mail your payment and this completed form to:
Camp Waupaca Reunion Group
PO Box 41632
Minneapolis MN 55441-0632

____ I am making a full payment via PayPal to Commerce@CampWaupaca.com. Use the "Buy Now" button on our website, www.campwaupaca.com. Please return this completed form in the mail.

Release of Liability: *I understand that this is an informal reunion activity organized by former campers & staff members who are not paid and will do their best to insure the safety of all participants. I will be responsible for all persons in my party and will pay for any and all damages immediately. I hold harmless the Camp Waupaca Reunion Group, its officers, and board members for any and all accidents or injuries that I or anyone in my party may incur. I agree to participate in activities and understand the risks inherent to those activities especially based on my age and physical condition. The CWRG is not responsible for any food or food related issues.*

Signature: _____ Date: _____