



2019 CCC Annual Gathering Registration Form
(Please fill one registration form per person)



Name: _____

Address: _____

City _____

State: _____ Zip Code: _____

Telephone: _____ Cell: _____

Email _____

Are you a CCC Boy? Y N (If yes, where did you serve? _____)

Any dietary preferences/restrictions? Y N. Explain _____

Allergies? (please specify). _____

Other restrictions/ special needs (wheelchair, etc). _____

Registration selection (mark One)

Full Registration. \$200 _____

CCC Boy Registration. \$150 _____

One Day Registration Only (Indicate Day) \$100 _____

One Day Registration CCC Boy \$75. _____

Total included \$ _____

Registration is due by August 15, 2019. Please make checks payable to Friends of Letchworth State Park and mail this form to Friends of Letchworth State Park, 1 Letchworth State Park, Castile NY. 14427.

An information packet will be sent to all registrants that will have additional information about the Annual Gathering and the the region. If you have any questions or comments contact Tom Cook at tscook@rochester.rr.com or call 585-465-0971.