

Montana District Key Club

Youth Conference

Registration Rooming List

Please type or carefully print all information to ensure accurate registration of individuals.

Please make additional copies of this for if needed to complete your registration.

Name, address, and phone number of person to whom
Registration Receipt and Forms should be mailed.

Name and address of **registered** adult with primary
Responsibility for chaperoning group
At Youth Conference;

Name _____

Address _____

City _____ Zip _____

Phone: _____

Email address _____

City _____ - Zip _____

Please list rooms for adults, and remember that the charges are different for them. See adult registration.

Room	First Name To be printed on Badge	Last Name To be printed on Badge		Gender	Room** Type	Check One	
						Student	Adult
1.							
2.							
3.							
4.							
5.							

• ** Room type: Q for quad; T for triple; D for double; S for single

Number of students 4 to a room (by October 15 th)	x \$80 = \$	
Number of students 3 to a room (by October 15 th)	x \$95 = \$	
Number of students 2 to a room (by October 15 th)	x \$120 = \$	
Number of students 1 to a room (by October 15 th)	x \$200 = \$	
Charges for the adults.....		\$
	Total	\$

Please add a late fee of \$20 per person after October 15th , Thanks.