Registration Card

THE ALABAMA 4-H CENTER
Alabama Cooperative Extension System
Alabama 4-H Foundation

Date In: _____ Room No.: _____

Ext. Arrival Time: _____ Act. Arrival Time: _____ SGL ❑ DBL ❑ TRL ❑ QAD ❑

Group Name: _____

Guest Name: _____ Rooming With: _____

Address: _____

Telephone (Daytime): _____ (Evening): _____

Guest Signature: _____ Date: _____

Failure to comply with our non-smoking policy will result in an additional fee of no less than $25. Management reserves the right to refuse service to anyone and will not be responsible for accidents or injury on the grounds, or for the loss of money, jewelry, or personal property of any kind.

I have read and agree with the above: ____ (Initial)

SUN	MON	TUE	WED	THU	FRI	SAT	Date Out

Res. Made By: _____

Date: _____

Rate: _____

Tax: _____

Deposit Amount: _____

Balance Due: _____

Amount Paid: _____

Visa MC AMX Chq Cash

Bill To: _____

Room No.: _____ **C/I** _____ **C/O** _____

Balance Due: _____

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