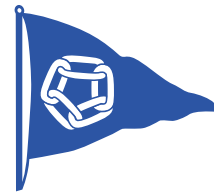


GREAT LAKES CRUISING CLUB



2014 SUMMER RENDEZVOUS REGISTRATION FORM

Leamington Municipal Marina – Leamington, Ontario, Canada

Saturday, July 12<sup>th</sup> - Wednesday, July 16<sup>th</sup>

- Please register by June 27, 2014 -

Please list each participants name as it should appear on their name tag
Name tags will be presented upon arrival and are required for admittance to all events

Member Name \_\_\_\_\_ GLCC Title \_\_\_\_\_

Member E-mail \_\_\_\_\_

Spouse/Partner Name \_\_\_\_\_ Spouse/Partner E-mail \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State/Zip \_\_\_\_\_

Phone (day or eve) \_\_\_\_\_ Cell (please provide) \_\_\_\_\_

Guest Name(s) (if children are being registered – please include their age)

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_ 4. \_\_\_\_\_

Arriving by: Auto \_\_\_ RV \_\_\_ Boat \_\_\_ Arrival Date: \_\_\_\_\_ Departure Date: \_\_\_\_\_

Rooms blocked at The Comfort Inn, 279 Erie St., Leamington. Make reservations by phone at 1-519-326-9071 or fax to 1-519-326-3445 or e-mail to cn276agm@whg.com

RV parking at Sturgeon Woods (3 miles). For reservations go to www.sturgeonwoods.com or call 877-521-4990. Reserve by the end of February to assure you have full hookups.

BOAT/DOCKAGE REGISTRATION

Boat Name \_\_\_\_\_ Power \_\_\_ Sail \_\_\_ Length \_\_\_\_\_ Beam \_\_\_\_\_ Draft \_\_\_\_\_

Power Requested \_\_\_\_\_ Amps Min. Amps Required \_\_\_\_\_ Hdcp Dockage Request \_\_\_\_\_

REGISTRATION FEE:

Registration fee is \$195 (us) per person (children 6 – 12 is \$100 & age 5 and under free).

The registration fee is all inclusive with the exceptions of Dockage and the Wine tasting event.

Dockage assigned by GLCC/MARINA MANAGER upon receiving registration form and payment.

Total Number (age 13+) Individuals attending: # of people \_\_\_\_\_ X \$195 (us) = \$ \_\_\_\_\_

Total Number (age 6-12) Children attending: # of children \_\_\_\_\_ X \$100 (us) = \$ \_\_\_\_\_

OPTIONAL WINE TASTING (with hors d'oeuvres) # of people \_\_\_\_\_ X \$25 (us) = \$ \_\_\_\_\_

TOTAL AMOUNT \$ \_\_\_\_\_

Credit Card Number \_\_\_\_\_ Exp. Date: \_\_\_\_\_ / \_\_\_\_\_

Commodore's Dinner (Entrée) selection; Number Beef \_\_\_\_\_ Number Chicken \_\_\_\_\_

MAIL / FAX FORM AND PAYMENT TO: GLCC, SUITE #101, 405 WATER ST., PORT HURON, MI 48060-5469.

Fax 810-984-4565. Register ON LINE AT www.GLCC.com . Any questions contact Dave Miller at 440-989-2302 or e-mail capdave@centurytel.net (GLCC refund policy applies)

IS THIS YOUR FIRST RENDEZVOUS? \_\_\_\_\_