

Name \_\_\_\_\_

Email or phone \_\_\_\_\_

### 1965 Mini Registration

Willits Room:

	4/17	4/18	4/19	Total
Single @ \$119/ night	_____	_____		_____
Double @ \$60/ night	_____	_____		_____

Name of roommate \_\_\_\_\_

Want a roommate assigned \_\_\_\_\_

Meals:

Breakfast included in room charge

	4/17	4/18	4/19	
Dinner @ \$40	_____	_____		_____
Lunch @ \$17			_____	_____
Dickinson Homestead Tour @ \$15		_____		_____
			Total	_____

Taxes and gratuities included in room and meal charges

Will you have a car? Yes \_\_\_\_\_ No \_\_\_\_\_

Cancellations accepted until 48 hours prior to arrival.

Payment method: \_\_\_ check enclosed      \_\_\_ PayPal

Return this form to Bev Harrison at:  
(before April 5) 264 Radford Dr., Campbell, CA 95008  
(after April 5) 16A Salisbury Rd., Foster, RI 02825