

# 2016 FOCUS ON FOREVER WORKSHOP Registration Form

YMCA of the Ozarks near Potosi, MO  
May 13-15

REGISTRATION DUE  
APRIL 25

PLEASE PRINT CLEARLY

Name \_\_\_\_\_

Chapter Name \_\_\_\_\_ Affiliation (PF, QF, NAVHDA, NWTF, etc) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Day time phone \_\_\_\_\_ Cell phone \_\_\_\_\_

Email (for event info) \_\_\_\_\_

Gender (event attendees will be lodged in double occupancy rooms):  Male  Female

**Registration** Registration Fee includes: registration materials, meals (Friday dinner – Sunday lunch), 2 nights lodging (Friday & Saturday)

	Cost Per Person	# of Attendees		Total
<b>Focus on Forever (FOF) Registration</b>	<b>\$250</b>	_____		_____
<b>Workshop Guest</b>	<b>\$225</b>	_____		_____

We appreciate that workshop participants may want to bring family members who will not participate in workshop activities to this event. The Missouri Ozarks are beautiful in the spring and the YMCA facility has a lot to do. We have put together a FOF Guest package that includes lodging with a paid FOF participant and the same meal package as workshop participants.

**Please note:**

- Lodging is based on double occupancy per room.
- Check-in for lodging is 3:00 pm or later/Check-out is by 10:00 am

**Event Total =** \_\_\_\_\_

**Payment Information**

Check no. \_\_\_\_\_ OR  Visa  Mastercard  Discover  Am Ex

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

Name on card (please print) \_\_\_\_\_ Daytime Phone \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**PF/QF Chapter use only:**

Debit CMS# \_\_\_\_\_ Officer Authorization: \_\_\_\_\_

**See reverse side for additional attendee information**

**Questions? Please contact Rich Wissink at (715) 722-0286, [rwissink@pheasantsforever.org](mailto:rwissink@pheasantsforever.org)**

Mail this form to Pheasants Forever, Inc • Attn: Sandy Pramann • 1783 Buerkle Circle • St Paul, MN 55110

Or send via fax (651) 773-5500 or e-mail to [SPramann@pheasantsforever.org](mailto:SPramann@pheasantsforever.org) • Toll Free (877) 773-2070

## PRESENTING SPONSORS



**REGISTER NOW!** PLEASE PRINT CLEARLY

Attendee #2

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Day time phone \_\_\_\_\_ Cell phone \_\_\_\_\_

Email (for event info) \_\_\_\_\_

**Gender** (Used for lodging assignments; based on double occupancy)  Male  Female

**Attendee type** (check one):  FOF Attendee  FOF Guest

Attendee #3

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Day time phone \_\_\_\_\_ Cell phone \_\_\_\_\_

Email (for event info) \_\_\_\_\_

**Gender** (Used for lodging assignments; based on double occupancy)  Male  Female

**Attendee type** (check one):  FOF Attendee  FOF Guest

Attendee #4

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Day time phone \_\_\_\_\_ Cell phone \_\_\_\_\_

Email (for event info) \_\_\_\_\_

**Gender** (Used for lodging assignments; based on double occupancy)  Male  Female

**Attendee type** (check one):  FOF Attendee  FOF Guest

Attendee #5

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Day time phone \_\_\_\_\_ Cell phone \_\_\_\_\_

Email (for event info) \_\_\_\_\_

**Gender** (Used for lodging assignments; based on double occupancy)  Male  Female

**Attendee type** (check one):  FOF Attendee  FOF Guest