

# EerieCon 18 Registration Form

Membership rates valid until September 16, 2016

Please **TYPE** or **PRINT** - Please fill out a blank form for **each** member registration

| MEMBER INFORMATION |                 |
|--------------------|-----------------|
| Name:              |                 |
| Address:           |                 |
|                    |                 |
| City:              | State/Province: |
| Country:           | Zip/Postal:     |
| Phone:             |                 |
| E-Mail:            |                 |

| MEMBERSHIP TYPE  |  | (Choose one)   |
|--|--|--|
| <b>Adult (Ages 13 and over)</b><br><input type="checkbox"/> Weekend (\$45 US)<br><input type="checkbox"/> Friday (\$25 US)<br><input type="checkbox"/> Saturday (\$35 US)<br><input type="checkbox"/> Sunday (\$25 US) | <b>Child (Ages 5-12)</b><br><input type="checkbox"/> Child (\$10 US) | <b>Dealers (Adult Weekend with Table)</b><br><input type="checkbox"/> Dealers (\$55 US)<br><br>Additional _____ tables at \$35 US each |

| PAYMENTS   |   | (US Funds ONLY)  |
|--|---|------------------|
| <b>GRAND TOTAL:</b>  | \$  |                  |
| <input type="checkbox"/> Enclosed is a check or money order payable to <b>BUFFALO FANTASY LEAGUE</b> |   |                  |
| <input type="checkbox"/> I wish to pay by credit card  |   |                  |
| Card Type:   | <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Discover <input type="checkbox"/> Amex |                  |
| Name on Card:  | _____   |                  |
| Card Number:   | _____   |                  |
| Expiry Date:   | _____   | CVV2 Code: _____ |
| Signature:   | _____   |                  |

Send completed form to:

**BUFFALO FANTASY LEAGUE, PO BOX 412, AMHERST BRANCH, BUFFALO, NY 14226**