



The Willamettans | PO Box 969 | Marcola OR 97454
 541-933-2809 | FAX 541-933-2796
 Email: office@willamettans.com

Last Name _____ First Name _____
 Address _____ City _____ State _____ Zip _____
 Email _____ Phone _____
 Club _____ AANR # _____
 # Adults _____ # Children & Ages _____
 Arrive Date _____ Depart Date _____ # Nights _____

	Nights	Adults	Total
NON-AANR GROUND FEES	\$ 17.50 x	x	=
AANR GROUND FEES	\$ 14.00 x	x	=
OVERNIGHT CAMPING FEES	\$ 10.00 x	<i>Electric charged at check-in based on availability</i>	=

MEALS

7/19	Thursday	Dinner	Burger & Fries	5.00	x	=
7/20	Friday	Breakfast	French Toast, Sausage & Eggs	5.00	x	=
		Lunch	Deli Sandwich & Potato Salad	5.00	x	=
		Dinner	New York Steak Dinner & Salad Bar	12.50	x	=
			Vegetarian Meal & Salad Bar	7.50	x	=
			Salad Bar Only	5.00	x	=
7/21	Saturday	Breakfast	Pancakes, Sausage & Eggs	5.00	x	=
		Lunch	Roast Beef Sandwich & Mac. Salad	5.00	x	=
		Dinner	BBQ Rib Dinner & Salad Bar	12.50	x	=
			Vegetarian Meal & Salad Bar	7.50	x	=
			Salad Bar Only	5.00	x	=
7/22	Sunday	Breakfast	Bacon, Eggs & Hashbrowns	5.00	x	=
		Lunch	Pattie Melt with French Fries	5.00	x	=

OTHER

7/20	Friday		Wine Tasting	12.50	x	=
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Special Needs Request: (Electric / Neighbor Club Members, etc.) _____ Amount eligible for discount
 10% discount if postmarked and paid by **JULY 1, 2012**

AANR NW Registration Fee per adult 7.00 x _____ =

GRAND TOTAL due with Preregistration Form

RV Size & Type _____

Payment Options

Master Card _____ Credit Card # _____ Exp Date _____

Please call the office for rental & campsite availability _____

Visa _____

Check _____

Please print, sign and mail form to the Willamettans

No refunds will be given after July 1, 2012

I/We (the undersigned) release The Willamettans, AANR NW and AANR from any and all injuries sustained on the grounds of The Willamettans, Inc. I/We also understand that I/We am/are responsible for all purchases that I/We charge to my/our ID number(s) and that I/We will be billed for any amount that is not paid in full upon checkout.

Signature _____

Date _____

Signature _____

Date _____

If you don't receive an email confirmation within 7 days, please contact the Office