

EerieCon Registration Form

(does **NOT** include hotel registration)

Please **TYPE** or **PRINT**

NAME: _____

STREET ADDRESS: _____

CITY: _____

STATE/PROVINCE: _____ ZIP/POSTAL CODE: _____

PHONE NUMBER: _____

E-MAIL ADDRESS: _____

Please indicate number of memberships:

_____ Children (\$1 US per year through age 12) _____ Adult rate (ages 13 and over)

Weekend memberships are \$35 **US** per person until March 26, 2004; \$40 **US** per person thereafter and at the door.
One-day memberships are available only at the door.

_____ total number of weekend memberships **US\$**_____ payment enclosed

Mail this form with your check or money order (**US Funds ONLY**) to:

BUFFALO FANTASY LEAGUE, P O BOX 412, BUFFALO NY 14226