



LAPA Convention Registration

2017

Last Name	First Name	Spouse/Guest
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Names of Children & Ages

Company: _____

Mailing Address _____

City _____ State _____ Zip _____

Work Phone: _____ Cell Phone: _____

Home Phone: _____ Email: _____

FEES: \$825 per Member (Spouse/family included)	\$ 825.00
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Golf Tournament: \$150 per Person X <input type="checkbox"/> =	\$
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Name & Handicap: _____

Name & Handicap: _____

Skeet Shoot: \$45 per Person X <input type="checkbox"/> =	\$
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Name: _____

Name: _____

Horseback riding (1 hour ride): \$45 per Person X <input type="checkbox"/> =	\$
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Name: _____

Name: _____

TOTAL ENCLOSED	\$
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