



## OFSS Event Registration Form

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Member Yes or No: \_\_\_\_\_

Number of People Registering: \_\_\_\_\_

Amount Paid: \_\_\_\_\_

*Amount is specified on Event Page*

*Make sure if you are a non member you pay the non members fee*