

The 18th Annual



Illinois Dark Skies Star Party Registration Form
For September 26 – 28, 2019
Please Print

Name: _____

Address: _____

City: _____ ST: _____

Zip: _____ Phone: _____

Email: _____

Astro Club: _____

The Liability Release Form *must be signed and attached* to this registration

Registration Fee:

Main Registration _____ @ \$50 each = \$ _____

Family Registration (Up to 4) @ \$80 = \$ _____

Each additional family member over 4 @ \$10 = \$ _____

Late fee of \$20 per attendee will be assessed after (9/12/19)

Registrations must be postmarked on or before 9-12-2019. After that date, walk-ins are welcome but a \$20 per person fee is required in addition to the normal registration fee. Meals and shirts cannot be ordered after Registration Deadline.

Registration Total \$ _____

Meal Requests:

First served meal is Thursday's dinner

Meals: Brunch \$10.00 - Dinner \$15.00

Please check all that apply:

Thu 9/26 _____ Dinner _____

Fri 9/27 Brunch _____ Dinner _____

Sat. 9/28 Brunch _____ Dinner _____

_____ Brunch @ \$10.00 = \$ _____

_____ Dinner @ \$15.00 = \$ _____

Meal Total \$ _____

Shirt Orders:

Short Sleeve T-Shirts - \$17

Long Sleeve T-Shirts - \$22

Sweatshirts (Hooded) - \$34

Indicate numbers of each size

M L XL 2XL 3XL

Short Sleeve T-Shirt _____

Long Sleeve T-Shirt _____

Hooded Sweatshirt _____

Shirt Order Total: \$ _____

Registration Fees + Shirt Total + Meal Total =

Submitted Total \$ _____

Please make your check or money order payable to:

Sangamon Astronomical Society

PO Box 9461

Springfield, IL 62791-9461

Names of Individuals Registered by This Form Meat Selection (if applicable)

Check only one for each Dinner that you purchased

Please print

	Thursday Dinner		Friday Dinner				Saturday Dinner		
	Pork	Chicken	Burger	Brat	Hot Dog	Veggie	Pork	Chicken	Spaghetti
1. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Official name Tags will be issued from this list and are required for meals, shirt orders and give away raffle prizes

Use back of this form for extra names greater than four in order to receive IDSSP name badge

Liability Release

By my signature below, I hereby affirm that:

- A) I am releasing the Sangamon Astronomical Society and its members from any and all liability for injuries or damages to persons or equipment sustained at or occasioned by participation at the Illinois Dark Sky Star Party; and
- B) I agree to indemnify and hold harmless the Sangamon Astronomical Society and its members from any claims made by, or on behalf of my family members listed on this registration.

Signature

Date