

SPRING FLING

APRIL 24-25, 2024

Person 1 Name: _____

Person 2 Name: _____

Address: _____

Emergency Contact: _____ Phone: _____

Single Occupancy: 1 x \$120 \$120.00

Discount:	First Timer:	50% (subtract \$60 per person)
	Supporting Member	5% (subtract \$6 per member)
	Sustaining Member	10% (subtract \$12 per member)
	Sponsoring Member	15% (subtract \$18 per member)
	Lifetime Member	20% (subtract \$24 per member)
		Discount Amount: \$ _____

Double Occupancy: 2 x \$110 \$220.00

Discount:	First Timer:	50% (subtract \$55 per person)
	Supporting Member	5% (subtract \$5.50 per member)
	Sustaining Member	10% (subtract \$11 per member)
	Sponsoring Member	15% (subtract \$16.50 per member)
	Lifetime Member	20% (subtract \$22 per member)
		Discount Amount: \$ _____

TOTAL \$ _____

*Membership discount is per person, not per couple
Commuter Rate NO breakfast per person: \$60. Add \$15/person for 1 breakfast*

Please include your check made out to: **RCA**

My roommate and I are not related and are sending our registrations separately. Please put me in the same room with:

Special needs (mobility issues, diet requests): _____

Mail to: RCA 9328 Elk Grove Blvd #105-141, Elk Grove, CA 95624

OFFICE USE ONLY: CK _____ \$ _____ S _____ L _____