

**MAIN STREET COMMUNITY CENTER
TRIP TO MISSOURI - QUILT SHOPS
July 16-17, 2019**

ROOMMATE (if appl)

Registration

NAME (S)

ADDRESS

CITY, ST ZIP

_____, _____

HOME PHONE

CELL PHONE

EMAIL

EMERGENCY

CONTACT NAME

RELATION TO TRAVELER(S):

PHONE

ALT PHONE

DEPOSIT is \$50, made payable to MSCC. Please mail to the following address:

Main Street Community Center

ATTN: Kim Hoelsing

1003 N. Main St.

Edwardsville, IL 62025

Main Street Community Center Use Only:

DEPOSIT:

Check # _____ (Payable to MSCC)

Date Paid _____

Amount Paid _____

FINAL PAYMENT

Check # _____ (Payable to MSCC)

Date Paid _____

Amount Paid _____