

# 2024 FALL RALLY REGISTRATION FORM

Chapter: TOPS MA \_\_\_\_\_

Leader's name and address:

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

Leader's phone number: \_\_\_\_\_



**CHECK WHICH RALLY ATTENDING:**

Saturday, October 19<sup>th</sup> Swansea \_\_\_\_\_ Saturday, October 26<sup>th</sup> Chicopee \_\_\_\_\_

**\*\* If members of your chapter are attending different rallies, please send a separate form for each rally. \*\***

Please make chapter checks (or money order) payable to **Massachusetts State Recognition Days.**

\*\* TOPS had us consolidate bank accounts and we now use one account for all events. This is the name of our account.

Members Attending: \_\_\_\_\_ x \$45.00 per member = \$ \_\_\_\_\_ Check # \_\_\_\_\_

**List all names of members attending. Please print or type. If more space is needed, please use a separate sheet of paper. Please place a "check mark" by attendees who are KOPS.**

1	2
3	4
5	6
7	8
9	10
11	12
13	14