

MONTEAGLE ROUNDUP

P. O. Box 381

Duluth, GA 30096

Roundup Dates: _____

NAME: _____ **PHONE:** () _____

ADDRESS: _____

_____ **CITY** _____ **STATE** _____ **ZIP** _____

ACCOMODATIONS PREFERENCE: (Please check)

Single Conf. _____ **Double Conf.** _____ **Double Motel** _____ **Children** _____

Rates: \$135 - Single Conf. \$120 Double Conf \$162 Double Motel

Each registration must be accompanied by a deposit of \$60.00 for the Conf. Center or \$81.00 for the motel (per person). The balance is due upon arrival. Refunds will only be made if we are notified 5 days prior to the Roundup. No single rooms are available in the motel. Full fees may be paid in advance if desired.

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_____ **CITY** _____ **STATE** _____ **ZIP** _____

ACCOMODATIONS PREFERENCE: (Please check)

Single Conf. _____ **Double Conf.** _____ **Double Motel** _____ **Children** _____

Rates: \$100 - Single Conf. \$90 Double Conf \$120 Double Motel

Each registration must be accompanied by a deposit of \$60.00 for the Conf. Center or \$81.00 for the motel (per person). The balance is due upon arrival. Refunds will only be made if we are notified 5 days prior to the Roundup. No single rooms are available in the motel. Full fees may be paid in advance if desired.