

## **ANNUAL MEETING & PICNIC** PAY-BY-CHECK REGISTRATION

Name: \_\_\_\_\_

Number of Attendees (\$25 each): \_\_\_\_\_

Total Amount Enclosed: \_\_\_\_\_

Please send this completed form with a check payable to CCCPSAA to:

CCCPSAA PO Box 10082 State College, PA 16805-0082