



Event sign-up form. (Please use one form for each event.)

Event #: \_\_\_\_\_

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

Cost \$: \_\_\_\_\_

If overnight trip, indicate:

Room type

Smoking  Non-smoking

Occupancy

Single  Double  Triple

Payment method:

Check enclosed  Credit Card

Visa  MasterCard  Discover

Name on card: \_\_\_\_\_

Card #: \_\_\_\_\_

Exp. Date: \_\_\_\_\_

3-Digit Security # on back: \_\_\_\_\_

Signature: \_\_\_\_\_

**Please make checks payable to:** New Horizons Club  
**Mail to:** National Bank of Middlebury, New Horizons Club,  
PO Box 189, Middlebury, VT 05753

Name (#1): \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone/Cell: \_\_\_\_\_

Email address: \_\_\_\_\_

Indicate menu choice(s), if applicable: \_\_\_\_\_

Name (#2): \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone/Cell: \_\_\_\_\_

Email address: \_\_\_\_\_

Indicate menu choice(s), if applicable: \_\_\_\_\_

Name (#3): \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone/Cell: \_\_\_\_\_

Email address: \_\_\_\_\_

Indicate menu choice(s), if applicable: \_\_\_\_\_



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Name (#1): \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone/Cell: \_\_\_\_\_

Email address: \_\_\_\_\_

Indicate menu choice(s), if applicable: \_\_\_\_\_

Name (#2): \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone/Cell: \_\_\_\_\_

Email address: \_\_\_\_\_

Indicate menu choice(s), if applicable: \_\_\_\_\_

Name (#3): \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone/Cell: \_\_\_\_\_

Email address: \_\_\_\_\_

Indicate menu choice(s), if applicable: \_\_\_\_\_