Name:				_					
Summer Address:						Ant #			
					Apt.#				
City						State	Zip		
E-mail:				Phone:					
Chapter:		_ Schoo	ol:			_ Organization:	□ ккΨ	□ ΤΒΣ	
Membership Status:		☐ Active	e	□ Condition	onal	☐ Associate			
		□ Hono	rary	□ Life		□ Alumni			
Are You a Chapter Sponsor:	□Y	es 🗆 N	o Sp e	onsor of:					
Reading Band (Percussionists ne	eed to bring th	eir own mall	ets)						
□ Yes, I wii	ll be particiț	oating and	d I will need i	the following l	large instru	ment:			
Auxiliary Clinic (All equipment p	provided)								
□ Yes, I wii	ll be particiț	oating							
Banquet Meal Requirement	S (On-site regi	stration is no	ot guaranteed o	a banquet seat.)					
□ No red meat		□ Vegetarian		□ Other:					
T-shirt Size: (Required. Late or on	site registratio	ns are not gı	uaranteed a t-s	hirt.)					
□ Small	□ Medium	□ Larae	□ X-Larae	□ XX-Larae	□ <i>xxx-L</i>	arge 🗆 XXXX-Large			
		-	-			ter June 15 th)			
'	negistrat			ration, banquet		ter June 15")			
Method of payment: □ Check (k (payable to I	Kappa Kappa Psi/	'Tau Beta Sign	na)	□ Credit	: Card	
Credit Card Orders ————————————————————————————————————									
Name as it appears on the card:						☐ Visa	☐ Master(Card	
Card#:						Exp. Date:			

A late charge of \$25 will be added to all registrations postmarked after June 15th (T-Shirt not guaranteed)