



Do not write
in this box

cg os is
year

Name: _____ Active Member (dues paid) Y / N

Phone Home _____ Cell: _____

Address 1 _____

Address 2 _____

City: _____ State _____

Email _____

Year & Make of Vehicle _____ State _____ License _____

Number in your party _____

Attendee #2 _____ Attendee #3 _____

Attendee #4 _____ Attendee #5 _____

Please continue attendees on other side.

Emergency Contact _____

Total amount enclosed (use website table to calculate registration fee) \$ _____

Mail to Stargaze, 107 Temple St, Viola, DE 19979. Make checks payable to Delmarva Stargazers

**Sorry, no refunds—but you
can transfer your registration.**

**Minors (under 18) must be accompanied by a parent
or legal guardian at all times.**