



Do not write  
in this box

cg os is

Name: \_\_\_\_\_ Active Member (dues paid) Y / N

Phone Home \_\_\_\_\_ Mobile: \_\_\_\_\_

Address 1 \_\_\_\_\_

Address 2 \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_

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.**