Western Nebraska Star Gaze
Registration

Print this form, fill it in and mail it or bring it with you to the Star Gaze Registration Table.
Registration Table open Thursday, Friday and Saturday from 5 to 7 pm

Name _____

Address _____

City _____ State _____ Zip Code _____

Phone _____ Email _____

_____ # of Family Members Registering (No fee for registration)

Name _____	Spouse	FREE
Name _____	Age _____	FREE
Name _____	Age _____	FREE
Name _____	Age _____	FREE
Name _____	Age _____	FREE
Name _____	Age _____	FREE

_____ Ice Cream Social (Friday 5:30 pm) # of people _____ FREE

_____ Beginner's Telescope Clinic - Q & A (Friday 7-8:30 pm) FREE
Sign up at the pavilion
Bring your scope

_____ Star B Q Burgers (Saturday 5:30 pm) # of people _____ X $7.50 = _____ $ _____ # _____

_____ Children's Program or Astronomy Activity (Saturday 7 pm)

Name _____	Age _____	
Name _____	Age _____	FREE
Name _____	Age _____	
Name _____	Age _____	

Make checks payable to the Panhandle Astronomy Club
Registration fees are non-refundable

Office Use Only

$ _____ DP# _____

Amount Due $_____
__ Cash
__ Check # _____
__ Other _____

Western Nebraska Star Gaze
c/o Panhandle Astronomy Club
PO Box 987
Scottsbluff, Nebraska 69363

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Website: panhandleastronomyclub.com
Discussion Forum: groups.yahoo.com/group/Western_Nebraska_Star_Gaze/