



**2019 Cabin Fever  
Barometer Soup-er Bowl  
February 1 - 3, 2019**

Park Inn by Radisson, Beaver Falls PA  
724-846-3700  
"Fins Room Rate" \$79 +/- per night



Contact Name: \_\_\_\_\_  
If more than one in your party - please write complete list of names, first and last, on the back.  
Sorry, refunds are not available; your registration fee will be donated to the charity

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

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Name as you would like it printed on your name tag: \_\_\_\_\_

Cabin Fever Registration Number ordered x Price = Total  
\_\_\_\_\_ x \$50 = \_\_\_\_\_

Beach Bag (Limited quantities)  
Royal Blue Beach Bag \_\_\_\_\_ x \$12 = \_\_\_\_\_

Total Enclosed: \$ \_\_\_\_\_

Please mail completed registration form and check/money order by *January 21, 2019*  
payable to: PPHC

To: Anita Bocan  
1828 Diane Merle Drive  
North Huntingdon, PA 15642

<b>Office Use Only:</b>	
_____ Check Number	_____ Received
_____ Table Count	_____ Table Number

*Please note: You will not be receiving tickets for this event. You will however receive a confirmation email or phone call. Please be sure to complete the information on page 1*

Please fill out table reservation form for full tables of 8

Contact Name, Phone Number and Email Address for Table Reservations:

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Table reservations will be taken for parties of 8-10. The table will be registered under that person's name. Upon arrival at Registration, give the person's name and each guest will receive the table number.

*If tables are not filled - other guests may be assigned to your table.*

1. _____	2. _____
3. _____	4. _____
5. _____	6. _____
7. _____	8. _____
9. _____	10. _____

Additional Guests that are included in on the Registration:

*Registrations received after 1/21 will have standard name tag.*

Name: \_\_\_\_\_ Preferred Name on Tag: \_\_\_\_\_

Name: \_\_\_\_\_ Preferred Name on Tag: \_\_\_\_\_

Name: \_\_\_\_\_ Preferred Name on Tag: \_\_\_\_\_

Name: \_\_\_\_\_ Preferred Name on Tag: \_\_\_\_\_

Name: \_\_\_\_\_ Preferred Name on Tag: \_\_\_\_\_

Name: \_\_\_\_\_ Preferred Name on Tag: \_\_\_\_\_

Name: \_\_\_\_\_ Preferred Name on Tag: \_\_\_\_\_

Name: \_\_\_\_\_ Preferred Name on Tag: \_\_\_\_\_

*If would like to become a Club Member, visit our website for more*

*information: [www.steelcityfins.org](http://www.steelcityfins.org)*