



TRAIN MOUNTAIN RAILROAD ("TMRR")

PO Box 438 • Chiloquin, OR 97624 • Website: <http://trainmtn.org/tmrr/>
Phone: (541) 783-3030 • Fax: (541) 783-2013 • email: info@tmrr.org

2019 TRAIN EVENT PRE-REGISTRATION FORM (must be received at TM 3 days prior to beginning of Work Week)
You **MUST** be a Train Mountain Member to register for a TM Train Meet. Members may bring guests. Guests may **NOT** bring equipment.

1. Name: _____ Phone: _____

Address: _____

If you wish to receive communications from TM, you must provide a valid email : _____

List Names of Registrants and indicate if they are (M)embers or (G)uests: (M) (G)

2. _____ (M) (G) 3. _____ (M) (G)

4. _____ (M) (G) 5. _____ (M) (G)

6. _____ (M) (G) 7. _____ (M) (G)

I wish to register for the following Train Mountain 2019 Train Meet: (choose one)

- All 2019 Train Meets (All Meet Pass) Narrow Gauge Meet **(May 31 - Jun 2)** Big Build Meet **(Sep 6 - 8)**
- Polar Bear Train Meet **(Jan 18 - 21)** Operations Meet **(July 4 - 7)** Fall Colors Meet **(Oct 11 - 14)**
- Spring Awakening Train Meet **(May 3 - 5)** August Meet **(Aug 9 - 11)**

of People Sub-Total

» TMRR meet fee package - registration for one individual for all 2019 meets - \$120 _____ \$ _____

» The meet fee for an Individual and Young Adult Member will be \$35. _____ \$ _____

» The meet fee for Family Members will be \$35 for first adult, \$20 for 2nd adult, and \$5 for each child 6 and over. The maximum fee for a Family will be \$100. _____ \$ _____

» The meet guest fee will be \$25 for each adult, \$5 for each child 6 and older. Family maximum fee - \$50. If more than one family is attending, the family max will apply to each family. _____ \$ _____

» The one day guest fee will be \$10 for each individual 6 and older. The family maximum fee will be \$25. _____ \$ _____

Make check or money order payable to Train Mountain Railroad **Total Amount Enclosed:** \$ _____

The Saturday night dinner will be pot luck until such time as the meet attendance is large enough to hold catered banquets. For those who are unable to provide a pot luck item, a donation will be accepted.

I plan to bring the following equipment _____ I plan to arrive on _____

I acknowledge that a Waiver & Release of Liability form for each individual and for each new year, must be signed and given to the office staff before or immediately upon arrival.

_____ Date

_____ Signature

Date: _____	For Office Use Only	Scanned: _____
Check #: _____	Release Signed: _____	Entered into Database: _____