



Clifton Mills and Root Candle Sign-Up Sheet

NAME(S): _____

ADDRESS(S): _____

PHONE NO(S): _____

EMAIL ADDRESS(S): _____

SPECIAL REQUIREMENTS:* _____

ROOMING WITH** _____

AMOUNT SUBMITTED (Check made out to Just In Fun) \$ _____

Check No, _____ Date _____

* Handicap Accessible Room, Walker, Wheelchair, Seating on Bus

** If traveling alone, we can match you up with another person also traveling alone in a double if requested