Send Check or	Money	Order	and	comple	ted
Pre-Registration	form b	efore	June	Ist to:	

Mike Thelen 38532 149th St Mansfield, SD 57460

	Detach along dotted line and return			
Name: Address: Phone: Emergency Contact:	City, State, Zip: E-Mail: Volunteer: Medical Registration	Range Kids' Games	Other:	
Emergency Phone: Camp Fees: {2 Adults & Children under 18}		Trader:	Yes No	

*Completing registration constitutes acceptance of 4-Moons rules and regulations as set forth by the 4-Moons Rising Rendezvous committee posted on the official 4-Moons Rising Rendezvous website (www.fourmoons.org), and on campsite message boards. Direct questions/requests for information to booshway@fourmoons.org.