Send completed application to: NRA Whittington Center Attn: Becky Fish PO Box 700, Raton, NM 87740



## At the NRA Whittington Center, Raton, NM October 20-26, 2024 \$1,600.00/Participant

Emergency Contact Name: Phone Number:  Payment information: I elect to Pay in full EZ Payment plan Card Number:	First Name:				
Phone: Address: City: State: Zip: Unisex Jacket/Vest Size: Small Med Large X Late Emergency Contact Name: Phone Number:  Payment information: I elect to Pay in full EZ Payment plan Card Number:	Last Name:				
Address: City: State: Zip: Unisex Jacket/Vest Size: Small Med Large X Large Emergency Contact Name: Phone Number:  Payment information: I elect to Pay in full EZ Payment plant Card Number:	E-Mail:				
City: State: Zip: Unisex Jacket/Vest Size: Small Med Large X Large Emergency Contact Name: Phone Number:  Payment information: I elect to Pay in full EZ Payment plan Card Number:	Phone:				
State: Zip: Unisex Jacket/Vest Size: Small Med Large X Lar Emergency Contact Name: Phone Number:  Payment information: I elect to Pay in full EZ Payment plan Card Number:	Address:				
Zip: Unisex Jacket/Vest Size: Small Med Large X Large Emergency Contact Name: Phone Number:  Payment information: I elect to Pay in full EZ Payment plan Card Number:	City:				
Unisex Jacket/Vest Size: Small Med Large X Large Emergency Contact Name: Phone Number:  Payment information: I elect to Pay in full EZ Payment plan Card Number:	State:				
Emergency Contact Name: Phone Number:  Payment information: I elect to Pay in full EZ Payment plan Card Number:	Zip:				
Phone Number:  Payment information: I elect to Pay in full EZ Payment plan  Card Number:	Unisex Jacket/Vest Size:	Small	Med	Large	X Large
Phone Number:  Payment information: I elect to Pay in full EZ Payment plan  Card Number:					
Payment information: I elect to Pay in full EZ Payment plan Card Number:	Emergency Contact Name:				
Card Number:	Phone Number:				
	Payment information: I e	lect to Pay in full		EZ Paymo	ent plan
Name on Card: Expires: CVV Code: Amount:	Name on Card: Expires: CVV Code:				

I acknowledge that I have read the cancellation plan & EZ payment policy:

## **Cancellation Policy**

- If cancelled before 6 months full refund
- If cancelled between 6 months and 2months – 50% refund
- If cancelled less than 2 months before event no refund

## EZ Payment Policy

- \$400.00 Down
- Balance must be paid in full No Later Than 09/17/2024

Signature:	Date:
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