

George E Mattson's 2009 SummerFest

July 24, 25, 26 @ Mass Maritime Academy, Buzzards Bay, MA

Please Check Program Of Choice:

ADULT OVERNIGHT PROGRAMS

- ___ 1. Thu, Fri, Sat Nights, **NO MEALS** \$305.00
- ___ 2. Thu, Fri, Sat Nights , **MEALS START W/ FRI BKFST** \$365.00
- ___ 3. Thu, Fri, Sat Nights, **LUNCH ONLY** \$332.00
- ___ 4. Fri ,Sat Nights, **NO MEALS** \$290.00
- ___ 5. Fri, Sat Nights, **MEALS START W/ FRI LUNCH** \$350.00
- ___ 6. Fri, Sat Nights, **LUNCH ONLY** \$317.00

BRING YOUR OWN LINENS

DAY PROGRAMS

- ___ 7. FRI, SAT, SUN, **NO LUNCH** \$200.00
- ___ 8. FRI, SAT, SUN **W/LUNCH** \$225.00
- ___ 9. SINGLE DAY TRIP, **NO LUNCH** ___ FRI ___ SAT ___ SUN . . \$100.00
- ___ 10. SINGLE DAY TRIP, **W/LUNCH** ___ FRI ___ SAT ___ SUN . . \$110.00
- ___ 11. **JUNIORFEST-Saturday, July 25th All Activities W/Lunch** \$ 75.00

(Minors must be accompanied by parent or guardian)

Walk-ins \$125 day...Workout only -cash only

Please Print Clearly Below:

Last Name _____ First Name _____ Male ___ Female ___

Street _____ City _____ State _____ Zip _____

Age ___ Instructor _____ Roommate _____ Shirt Size _____

Phone (____) _____ Shirt Size ___ E-Mail _____ @ _____

***\$25 Early Discount for all applications received by June 20th**

***IUKF discount until July 10th IUKF Membership # _____**

FREE LIMITED EDITION TSHIRT w/ FULL PAYMENT RECEIVED BY JUNE 30th

Programs with meals will not be available after July 10th

Meals may be purchased at dining hall [Cash only]

Registration for Thursday (7/23) participants 7pm to 10 pm

Fri thru Sunday registration starts @7:30 am.

Applications must be received by July 15th. We will not have access to our mail after that.

Method of Payment: MasterCard, Visa, Discover, Postal and Money Orders in US Dollars from US Banks

Personal checks will only be accepted until June 20th. Make checks payable to:

George E. Mattson. Credit Cards are processed by Gands Consulting

* One Discount per applicant

Card No _____

Expiration _____ Security Code _____ Please add billing address if different than above

<p>Disclaimer: I agree to release and waive any and all rights, claims, or actions that I, my heirs, successors, or assigns may have against George the. Mattson, Susan E. Sussman, IUKF, its members, Eastern arts and humanities Center, Inc. I agreed not to take any videotapes or pictures without written permission from George E. Mattson.</p>

Date: _____ Signature of participant or parent/ guardian of minor

**Mail To: G Mattson PO BOX 217, Mount Dora, FL 32756
Telephone Number 321.273.0409 Fax Number:352-653-3132**