

SAASMC
2024 Midwinter Meeting Registration

Temple _____ Unit Name _____

Unit Captain _____

Address _____

City _____ State _____ Zip _____

Phone: Cell: () _____ - _____ Home: () _____ - _____

Email: _____

Please include Midwinter fees \$100 for 3 days, \$75 for 2 days and \$50 1 day.

Number attending _____ = \$ _____

Make checks payable to **SAASMC**

Send To:
Charles Reece
414 Boyd Rd.
Laurens, SC 29360

Name _____ E-Mail _____

Name _____ E-Mail _____

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