

Registration Form for the My Credit Union Adventure Club Overnight

Name of the Adventure _____

Rooming Information: _____ Single _____ Double

Handicap-accessible ___yes or ___no

List any dietary allergies _____

Participant information* for person(s) in this room:

Name: _____ birth date: _____

Address: _____

Email: _____

Home Phone: _____

Cell Phone # (cell that will be taken on the adventure) _____

Name: _____ birth date: _____

Address: _____

Email: _____

Home Phone: _____

Cell Phone # (cell that will be taken on the adventure) _____

*My CU will not sell contact information

Payment Options

Automatic Deduction from Checking or Savings Account:

You may simply email permission to adventureclub@mymncu.org in the following manner:

I, _____, give permission to MY CU to deduct from My CU

Member's full name

checking/savings account the amount of \$_____ for the _____ Overnight Adventure.

Payment by Check: Check No. _____ Amount enclosed: _____

Checks can be made out to "My CU Adventure Club" and sent to the following address:

My Credit Union Adventure Club

c/o Tara Kingsley

9550 Lyndale Ave. S.

Bloomington, MN 55420

You may also drop off your registration form and payment at any MY Credit Union branch c/o Tara Kingsley.

Use of MY Credit Union Visa Rewards Points: Please contact adventureclub@mymncu.org for information regarding this payment option.

Gift Certificates:

Gift Certificates may be used one per person per adventure. Please attach gift card to this form and contact adventureclub@mymncu.org to redeem.