



**2016 NHGA  
DAY AT THE SEACOAST  
Tuesday, August 9, 2016**

**REGISTRATION FORM**

For more information call  
**603-669-9333**

*in collaboration with Great Coastal Fishing Tournaments, Portsmouth, NH*

**Company Information**

Company: \_\_\_\_\_ Tel: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Fax: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Registration Options** *(Please list all attending. Make additional copies of registration form if necessary.)*

**Activities and Rates**

	ADULT	JUNIOR (16 & Under)
Deluxe Tournament Registration, NHGA Charter followed by New England Lobster Dinner	\$119	\$75
Tournament Registration and New England Lobster Dinner	\$89	\$45
Deluxe York's Wild Kingdom followed by New England Lobster Dinner	\$119	\$75*
York's Wild Kingdom <i>*Junior admission for York's Wild Kingdom is 14 and under</i>	\$89	\$45*
New England Lobster Dinner at Portsmouth Elks	\$30	\$30

NAME	SELECT ONE ACTIVITY PER REGISTRANT	ONE COST
	<input type="checkbox"/> Adult Deluxe Fish \$119 <input type="checkbox"/> Jr. Deluxe Fish \$75 <input type="checkbox"/> Adult Entry Fish \$89 <input type="checkbox"/> Jr. Entry Fish \$45 <input type="checkbox"/> Adult Deluxe YWK \$119 <input type="checkbox"/> Jr. Deluxe YWK \$75 <input type="checkbox"/> Adult YWK \$89 <input type="checkbox"/> Jr. YWK \$45 <input type="checkbox"/> Dinner Only \$30	
	<input type="checkbox"/> Adult Deluxe Fish \$119 <input type="checkbox"/> Jr. Deluxe Fish \$75 <input type="checkbox"/> Adult Entry Fish \$89 <input type="checkbox"/> Jr. Entry Fish \$45 <input type="checkbox"/> Adult Deluxe YWK \$119 <input type="checkbox"/> Jr. Deluxe YWK \$75 <input type="checkbox"/> Adult YWK \$89 <input type="checkbox"/> Jr. YWK \$45 <input type="checkbox"/> Dinner Only \$30	
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		<b>TOTAL \$</b>

**Registration Payment**

→ By Check: Make checks payable to NH Grocers Association   Check # \_\_\_\_\_   Check Amt: \_\_\_\_\_

→ By Credit Card:    Visa    Mastercard    Discover    American Express

CREDIT CARD # \_\_\_\_\_ EXP DATE (DD/YR) \_\_\_\_\_

CARD HOLDER'S NAME \_\_\_\_\_ CV2 \_\_\_\_\_

BILLING ADDRESS \_\_\_\_\_

CARD HOLDER'S SIGNATURE \_\_\_\_\_

**email:** scan and send to  
freeman@grocers.org

**Mail To:** NH Grocers Association  
110 Stark Street  
Manchester NH 03101

**or Fax:** 603-623-1137

**To download forms or for more info visit [www.grocers.org](http://www.grocers.org)**