

AARP Blacksburg Chapter 2024 Annual Picnic
Registration Form

Name: _____

Phone #: _____

Email Address: _____

Number of Persons Attending: _____

Names(s) of Guests: _____

Amount Enclosed @ \$10 per person: _____

Copy this form and send it with your check to:

AARP Blacksburg Chapter

P.O. Box 10082

Blacksburg, VA 24063