



*We would like to register for the morning Legislative event.*  
Joint Hearing Room & State House (9:00 p.m. - 11:30 p.m.)

**Name of All Adults Attending** \_\_\_\_\_

**Names and Ages of Children Attending** \_\_\_\_\_

**Email address** \_\_\_\_\_

**Phone Number** \_\_\_\_\_

**Any special needs** \_\_\_\_\_

*We would like to register for the afternoon Walking Tour*  
Old Town Annapolis Walking Tour (12:30 p.m. - 2:45 p.m.)

**Name of Adult In-Charge** \_\_\_\_\_

**Email address** \_\_\_\_\_

**Phone Number** \_\_\_\_\_

**Any special needs** \_\_\_\_\_

**I am a MACHE member** (give group name if membership is through a group affiliation) \_\_\_\_\_

**I am NOT a MACHE member**

**# of adults** \_\_\_\_\_ **at \$13@ (6.50 for members)** \_\_\_\_\_

**# of children 5 year & up** \_\_\_\_\_ **at \$11@ (5.50 for members)** \_\_\_\_\_

**Total of check enclosed** \_\_\_\_\_

**Mail this form (and a check if attending the afternoon tour) to:**

**MACHE \*\* PO Box 417 \*\* Clarksburg, MD 20871**