

# Leadership Florida Prairie Days Registration Form

**Thank you for your interest in Prairie Days!**  
Please fill in the requested information and fax to Leadership Florida at  
850-521-1229 or email to PJ Klena at [pklena@leadershipflorida.org](mailto:pklena@leadershipflorida.org)

Name: \_\_\_\_\_

LF Class: \_\_\_\_\_

Guests: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Campsite needed:**

Friday night: Yes \_\_\_\_\_ No \_\_\_\_\_

Saturday night: Yes \_\_\_\_\_ No \_\_\_\_\_

**Friday Reception:** Yes \_\_\_\_\_ How many? \_\_\_\_\_ No \_\_\_\_\_

**Adults:** Saturday Lunch \$10 x \_\_\_\_\_ = \_\_\_\_\_

Saturday Dinner \$25 x \_\_\_\_\_ = \_\_\_\_\_

Sunday Breakfast \$10 x \_\_\_\_\_ = \_\_\_\_\_

**Children:** Saturday Lunch \$5 x \_\_\_\_\_ = \_\_\_\_\_

Saturday Dinner \$15 x \_\_\_\_\_ = \_\_\_\_\_

Sunday Breakfast \$5 x \_\_\_\_\_ = \_\_\_\_\_

Total \_\_\_\_\_

**Check enclosed:** Yes \_\_\_\_\_ No \_\_\_\_\_

**Credit Card:** AmEx Disc MC Visa

**Card Number:** \_\_\_\_\_ **Exp:** \_\_\_\_\_

**Name on card:** \_\_\_\_\_

**Billing address:** \_\_\_\_\_

\_\_\_\_\_