



**2017 MUG CLUB
REGISTRATION**

STURBRIDGE

MUG # ASSIGNED (Staff Only)
Staff Initials: _____

Please write as legibly as possible. If your email address is difficult to read, it may be entered incorrectly, causing you to miss Mug Club event invitations and updates.

PURCHASER NAME: _____ TODAY'S DATE: _____

PHONE (cell preferable): _____

IS THIS A GIFT? YES NO

If YES >>> RECIPIENT NAME: _____

Please inform a staff person if you are purchasing this membership as a gift to receive a certificate to present to the recipient. Please note that you or the recipient will need to contact us by the dates listed below to complete the registration after the gift has been presented, supplying the member's email address, phone # and mug name.

MEMBER EMAIL: _____

MUG NAME *(Please write out your mug name legibly and exactly as you would like it to appear, including upper or lowercase characters, spaces, hyphens, apostrophes, etc.):*

RENEWAL CURRENT MUG #: _____

Check one: Retain # Request new #: _____ *(If unavailable, you will be assigned lowest available)*

NEW MEMBER *(MUG # ASSIGNED; ONLY RENEWALS CAN REQUEST)*

DATES TO NOTE:

I understand that **FRIDAY, 12/30/16** is the deadline for payment and the completed form in order to receive my mug in January.

I understand that if my form is incomplete or payment is not received by 12/30/16, I will not receive my mug until April. I understand that the deadline for late enrollment is **FRIDAY, 3/31/17**.

STAFF ONLY *(Attach payment to this form)*

PAYMENT (\$80): CASH CHECK CREDIT MANAGER INITIALS _____