

Affix Label

CCRA

Email Address 1: _____

Email Address 2: _____

Tel. Numbers: _____ -

Indicate your Preference of Limited Participation Use as described in Waiting List letter. Rank each choice, as 1, 2, 3, 4 or 5. Please place in “true order of preference” even if you do not think that you qualify. You will receive the choice for which you qualify based on your placement as you move up the waiting list each year.

If “None” is your first choice or if “None” is your second choice when “Summer” is your first choice, please include the \$165 fee when returning this postcard by March 2, 2016. Fee increases to \$190 after this date. Fee keeps you on the waiting list or will be applied towards the “Summer” fee if you qualify. **Dues notices will be emailed** in late March for all Limited Participation offers. You must return this postcard to qualify for one of your choices. Thank you for returning postcard promptly.

SUMMER (\$900) || COMBINATION (\$750) || WEEKDAY (\$550) || PARTIAL (\$475) || NONE (\$165)

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