



IOWA 2024 Bill

REGION NAME(S) _____

OF TEAMS _____

OF STUDENTS _____ X \$175 \$ _____

OF NON-VOLUNTEER ADULTS FRIDAY _____ X \$135 \$ _____

NUMBER OF PEOPLE IN DORM THURSDAY

SINGLES _____ X \$50 \$ _____

DOUBLES _____ X \$35 \$ _____

NUMBER OF PEOPLE IN DORM SATURDAY

SINGLES _____ X \$50 \$ _____

DOUBLES _____ X \$35 \$ _____

AMOUNT PREPAID \$ _____

TOTAL FEES FOR ARML 2023 DUE AT MEET \$ _____

AMOUNT STILL OWED \$ _____

Please remit to:
 Linda Berman
 ARML Treasurer
 241 Central Park West APT 17E
 New York, NY 10024-4826