



PENN STATE 2024 Bill

REGION NAME(S) _____

OF TEAMS _____

OF STUDENTS _____ X \$160 \$ _____

OF NON-VOLUNTEER ADULTS FRIDAY _____ X \$120 \$ _____

NUMBER OF PEOPLE IN DORM THURSDAY
SINGLES _____ X \$45 \$ _____

DOUBLES _____ X \$35 \$ _____

NUMBER OF PEOPLE IN DORM SATURDAY
SINGLES _____ X \$45 \$ _____

DOUBLES _____ X \$35 \$ _____

AMOUNT PREPAID \$ _____

TOTAL FEES FOR ARML DUE AT MEET \$ _____

AMOUNT STILL OWED \$ _____

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