

ROTARY DISTRICT 7210 2019 DISTRICT CONFERENCE RED LION INN STOCKBRIDGE, MASSACHUSETTS APRIL 5-7, 2019



Registration Form for: _____

A deposit of \$175.00 per room is required to confirm your reservation. Mail completed registration form to: Lauren Rowley, 2019 District Conference Registrar, 282 Goodwill Road, Montgomery, NY 12549

 \sim please complete both sides of this form \sim

If you have questions regarding this form, please contact Lauren at littlelo181@yahoo.com or 845-926-6097 Conference Rates (please check the one that applies):

Credit will not be issued for any missed meals, late arrivals or early departures.

	Two Nights - one person	\$555.00				
	Two Nights - two people					
	Saturday Only - one person					
] Saturday Only - two people					
	Three Day Commuter Rate (includes Friday night party, Saturday AM break, Lunch, Top Hat Dinner, Sunday breakfast & lunch)					
	Top Hat Dinner only (formal attire)					
	Rates for Children ages 6 to 17 (not YEX, Interact or Rotaract) # of Children x \$75.00 each = \$ Ages 5 and under free					
Special Requests Handicap Accessible						
Crib						
Other (please specify)						

EXPERIENCED CHILDCARE: structured programs for ages 1 to 16 years Childcare reservations must be made with this reservation form. Must be paid by separate check payable to: *Becky Dawes*

Friday 6pm to 10pm (includes dinner, snacks and program)	\$48.00 per child
Saturday 8am to 12noon (includes snacks and program)	\$48.00 per child
Saturday 5pm to 10pm (includes dinner, snacks and program)	\$60.00 per child

~ Friday Night Kick-Off Party ~

Wear your best 1940's attire. You won't want to miss the food, dancing and fun including dance lessons

PLEASE print clearly.

All Rotarians must submit separate registration forms to ensure proper materials for each registrant. This includes Rotarians sharing accommodations.

I am sharing a room with the	following Rotarians:						
Rotarian's Name:							
Last	First		N	ame for Badge			
Rotary Club of:							
Mailing Address:							
Street		City	State	Zip			
Phone:	Emai	il:					
TOP HAT D	INNER CHOICE:	Prime Rib 🗖	Salmon 🗖	Turkey 🗖			
(use additional sheets if necessary for gu	est information)						
Guest:							
Last	First	Name for Badge	Relationship				
TOP HAT D	INNER CHOICE:	Prime Rib 🗖	Salmon 🗖	Turkey 🗖			
Guest:							
Last	First	Name for Badge	Relationship				
TOP HAT D	INNER CHOICE:	Prime Rib 🗖	Salmon 🗖	Turkey 🗖			
DEPOSIT due	e: \$175.00 / TOTAL I	BALANCE D	UE at CHECK IN at	t Red Lion Inn			
Payment Type (circle one): CHE	Payment Type (circle one): CHECK (check #) MASTERCARD VISA						
	Make checks	payable to: R	ed Lion Inn				
Credit Card Information:							
Account #			Expiration Date:	CVV:			
Name on Card:		_ Signature: _					
Billing Address:							
Street		City	State	Zip			
For office use only:							
Date registration received:	Date confirmation	n emailed:	Date sent to	Hotel:			