

ROOM REGISTRATION FORM

Vermont Elks Association 91st Annual Convention Mt. Snow Grand Summit Resort West Dover, VT May 18th - 20th, 2018



Double Occupancy: \$ 595.00 Single Occupancy: \$ 445.00

PLEASE PRINT CLEARLY

| MEMBER NAME: Please Circle all Titles that Apply: Exalted Ruler – Leading Knight – Loyal Knight Lecturing Knight – Secretary – Treasurer Esquire – Chaplain – Inner Guard – Tiler Lodge Trustee – PER – PSP – PDD – DD | | SPOUSE/GUES | SPOUSE/GUEST NAME: | | | |
|--|--|---|--|-------|----------|--|
| | | Is Spouse/Guest | Is Spouse/Guest a Member: Yes No | | | |
| | | Exalted Ruler – Lecturing Knigh Esquire – Chapla | Please Circle all Titles that Apply: Exalted Ruler – Leading Knight – Loyal Knight Lecturing Knight – Secretary – Treasurer Esquire – Chaplain – Inner Guard – Tiler Lodge Trustee – PER – PSP – PDD – DD | | | |
| Delegate: | Alternate: | Delegate: | Alter | nate: | | |
| Lodge Name and | d Number: | | | | <u> </u> | |
| Home Address:_ | | | | | _ | |
| Home Phone: Cell Phone: | | | | | | |
| Email: | | | | | | |
| Arrival Date: Departure Date: | | | | | | |
| | iday and Saturday night lodging account and Sunday breakfast. All applicable | | | | | |
| Special needs: | | | | | | |
| | SATURDAY DI | INNER WILL BE BUI | FFET STYLE | | | |
| Please indicate | e any food allergies: | | | | | |
| Check - | Check - In Time: Friday 2:00 p.m. Check - Out Time: Sunday 11:00 | | | | a.m. | |

Please return this completed form and payment to: (Checks payable to: Brian Gaura, State President's Fund)

Patricia Dalglish 24 Freeman Ave Rutland, VT 05701

DEADLINE: APRIL 1, 2018

Questions to: bgaura@comcast.net