



**116<sup>th</sup> Indiana Knights of Columbus State Council  
CONVENTION REGISTRATION  
April 28-30, 2017**

**Council Number**  
\_\_\_\_\_

Name: \_\_\_\_\_  
Wife, Children \_\_\_\_\_  
and Guest Names: \_\_\_\_\_

Phone No. \_\_\_\_\_ Email address: \_\_\_\_\_

Please check titles that apply to you and your guests.

- |  |   |
|--|---|
| <input type="checkbox"/> Chaplain ( <b>no registration fee</b> ) | <input type="checkbox"/> Financial Secretary  |
| <input type="checkbox"/> Delegate                                | <input type="checkbox"/> Grand Knight         |
| <input type="checkbox"/> Alternate Delegate                      | <input type="checkbox"/> District Deputy      |
| <input type="checkbox"/> Non-Voting Member                       | <input type="checkbox"/> State _____ Director |
| <input type="checkbox"/> Guest                                   | <input type="checkbox"/> State _____ Chairman |
| <input type="checkbox"/> Gibault Board Member                    | <input type="checkbox"/> Other _____          |

**Registration Fee must be paid for EVERY person 18 years or older. One form per family please.**

Registration Fee ( <u>\$20.00 per person; wife and guests also</u> )	\$ _____
Award Luncheon, Saturday ( <u>\$35.00 per plate, \$15.00 per child plate</u> )	\$ _____
State Banquet, Saturday ( <u>\$45.00 per plate, \$15.00 per child plate</u> )	\$ _____
Ladies Luncheon and Program, Sunday ( <u>\$35.00 per person, \$15.00 per child</u> )	\$ _____
Total	\$ _____

**Any Special Dietary Restrictions? \_\_\_\_\_ (If YES, please provide restrictions in space below)**

Contact Paul Zielinski (317-443-3668, [statesecretary@indianakofc.org](mailto:statesecretary@indianakofc.org)) if you have questions.

**Mail this form and check payable to "Indiana State Council" by April 14<sup>th</sup> to:**

Paul Zielinski  
State Secretary  
4974 Roxbury Ct.  
Pittsboro, IN 46167

Check Number \_\_\_\_\_ Date Received \_\_\_\_\_