

IN State Convention Registration Form



117th Indiana Knights of Columbus State Council
CONVENTION REGISTRATION
April 20-22, 2018

Council Number _____

Knight Name: _____
 Wife, Children and Guest Names: _____

Phone No. _____ Email address: _____

Please check titles that apply to you

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

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

Registration Fee (\$20.00* per person; wife and guests also)	\$ _____
* Mail by 3/1/2018 for Early Registration Discount; \$10 per person	\$ (_____)
Award Luncheon, Saturday (\$35.00 per plate, \$15.00 per child plate)	\$ _____
State Banquet, Saturday (\$45.00 per plate, \$15.00 per child plate)	\$ _____
Ladies Luncheon and Program, Sunday (\$35.00 per person, \$15.00 per child)	\$ _____
Total	\$ _____

Are you trained to respond to medical emergencies (e.g. Paramedic, Nurse, or Doctor) and willing to help if an event occurs? _____

Any special dietary or other restrictions? _____ (If YES, please provide restrictions in space below)

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

Mail this form and check payable to "Indiana State Council" by April 1st to:

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

Check Number _____ Date Received _____