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

Council Number _____

Name: _____

Wife, Children and Guest Names: _____

Phone No. _____ Email address: _____

Please check titles that apply to you and your guests.

- ☐ Chaplain (**no registration fee**)
- ☐ Delegate
- ☐ Alternate Delegate
- ☐ Non-Voting Member
- ☐ Guest
- ☐ Gibault Board Member
- ☐ Financial Secretary
- ☐ Grand Knight
- ☐ District Deputy
- ☐ State _____ Director
- ☐ State _____ Chairman
- ☐ Other _____

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

Registration Fee ($20.00* **per person; wife and guests also**)	_____
* Deduct $10 per person if mailed by 3/1/2018	_____
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	$ 0.00

Are you trained to respond to medical emergencies (e.g. Paramedic, Nurse, or Doctor) and willing to help if an event occurs? No

Any special dietary or other restrictions? No **(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 _____