

IN State Convention Registration Form



119th Indiana Knights of Columbus State Council
CONVENTION REGISTRATION
April 17-19, 2020

Council Number _____

Knights Name: _____

Wife, Children and
 Guest Names: _____

Phone No. _____

E-mail: _____

Please check titles that apply to you

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

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

Registration Fee per person; wife and guests also	Adults	Children	\$
\$15.00 per person – if mailed by 3/1/2020	_____		\$ _____
\$25.00 per person – if mailed by 4/1/2020	_____		\$ _____
\$35.00 per person – after 4/1/2020	_____		\$ _____
Chaplains Dinner			\$ _____
Friday (\$55.00 per plate, \$15.00 per child plate)	_____	_____	\$ _____
Lunch			\$ _____
Saturday (\$35.00 per plate, \$15.00 per child plate)	_____	_____	\$ _____
State Banquet			\$ _____
Saturday (\$45.00 per plate, \$15.00 per child plate)	_____	_____	\$ _____
Ladies Brunch and Program			\$ _____
Sunday (\$35.00 per person, \$15.00 per child plate)	_____	_____	\$ _____
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)

Contact Craig Hanusin, 219-742-0275 statesecretary@indianakofc.org if you have questions.

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

Craig Hanusin, State Secretary
 1835 Azalea Drive
 Munster, IN. 46321

This form is available online at www.indianakofc.org/forms

Check Number _____ Date Received _____ 7/2019