

IN State Convention Registration Form



120th Indiana Knights of Columbus State Council
CONVENTION REGISTRATION
April 9-11, 2021

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 3/1/2021	_____		_____
\$25.00 per person – if mailed by 3/19/2021	_____		_____
\$35.00 per person – after 3/19/2021	_____		_____
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 Scott Schutte, 317-600-9507 statesecretary@indianakofc.org if you have questions.

Mail this form and check payable to “Indiana State Council” by March 26th to:

Scott Schutte, State Secretary
 2115 Lake Run Court
 Greenwood, IN 46143

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

Check Number _____ Date Received _____ 6/2019