

**2023 SRICF High Council Meeting
Registration Form**

Name: _____ Grade: _____

Lady's Name (if applicable) _____

Email address: _____ Cell Phone: _____

Address: _____ : City/State/Zip: _____

College Name: _____ College Location: _____

College Officer (Yes or No)? ____ Office (if yes): _____

Made Hotel Reservation: (Yes or No): _____

Meal / Event	Cost per person	# Attending	Total
Friday Breakfast (lady is welcomed):	\$42.00	_____	\$_____
Friday Men's Lunch Buffett	\$42.00	_____	\$_____
Friday Ladies Lunch Buffett	\$42.00	_____	\$_____
Third Order Dinner (lady is welcomed)	\$95.00	_____	\$_____
Men's Registration Package (Breakfast, lunch, Banquet)	\$165.00	_____	\$_____
Ladies' Registration Package (Breakfast, Lunch, Glass Blowing Tour, Banquet)	\$165.00	_____	\$_____
Glass Blowing Tour	included above	_____	
Total Amount Due:			\$_____

Chief Adept or Secretary?

Send this form with a check in the amount due to:

SRICF High Council
P.O. Box 85
Ellettsville, IN 47429-0085