

**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): \_\_\_\_\_

<b>Meal / Event</b>	<b>Cost per person</b>	<b># Attending</b>	<b>Total</b>
Friday Breakfast (lady is welcomed):	\$42.00	_____	\$_____
Friday Men's Lunch Buffett	\$42.00	_____	\$_____
Friday Ladies Lunch	\$42.00	_____	\$_____
Third Order Dinner (all attendees and ladies are welcomed)	\$95.00	_____	\$_____
Men's Saturday Registration Package (Breakfast, lunch, Banquet)	\$165.00	_____	\$_____
Ladies' Saturday 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