



# STATE CONVENTION REGISTRATION FORM

## ONE REGISTRATION PER FORM ONLY

Registration and Event Tickets for 124th State Convention - May 19-21, 2023

**NOTE: THERE WILL BE NO ON-SITE REGISTRATION AT THE CONVENTION. PRE-REGISTRATION ONLY.**

|        |            |           |        |
|--------|------------|-----------|--------|
| PREFIX | FIRST NAME | LAST NAME | SUFFIX |
|--------|------------|-----------|--------|

STREET ADDRESS

|      |       |          |                      |                     |
|------|-------|----------|----------------------|---------------------|
| CITY | STATE | ZIP CODE | PRIMARY PHONE NUMBER | SECONDARY PHONE NO. |
|------|-------|----------|----------------------|---------------------|

|               |                |                   |         |
|---------------|----------------|-------------------|---------|
| EMAIL ADDRESS | COUNCIL NUMBER | MEMBERSHIP NUMBER | OFFICER |
|---------------|----------------|-------------------|---------|

|                   |          |                  |                 |                |
|-------------------|----------|------------------|-----------------|----------------|
| <b>GUEST INFO</b> | <b>1</b> | GUEST FIRST NAME | GUEST LAST NAME | GUEST RELATION |
|                   | <b>2</b> | GUEST FIRST NAME | GUEST LAST NAME | GUEST RELATION |
|                   | <b>3</b> | GUEST FIRST NAME | GUEST LAST NAME | GUEST RELATION |
|                   | <b>4</b> | GUEST FIRST NAME | GUEST LAST NAME | GUEST RELATION |

**MUST REGISTER BEFORE APRIL 28, 2023**

| CONVENTION REGISTRATION FEE  | COST PER PERSON | # ATTENDING              | TOTAL COST |
|--|-----------------|--------------------------|------------|
| <b>MEN'S CONVENTION BUNDLE</b><br><i>Registration Fee includes Convention Book, Name Tag, Ohio State Pin, Convention Gift, Friday Night Party, State Deputy Banquet &amp; Men's Luncheon.</i>    | \$100.00        | Delegate                 |            |
|  |                 | Non-Delegate / Alternate |            |
|  |                 | Guest                    |            |
| <b>LADIES' CONVENTION BUNDLE</b><br><i>Registration Fee includes Convention Book, Name Tag, Ohio State Pin, Convention Gift, Friday Night Party, State Deputy Banquet &amp; Ladies Luncheon.</i> | \$100.00        |                          |            |
|  |                 |                          |            |
|  |                 |                          |            |

LIST AND SPECIFIC DIETARY NEEDS OR FOOD ALLERGIES

| GOLF TOURNAMENT   | COST PER PERSON | # ATTENDING | TOTAL COST |
|---|-----------------|-------------|------------|
| <b>Friday: Monsignor Krispinski Golf Tournament</b><br><i>Coffee &amp; Donuts, 18-Holes, Half Cart, and Lunch at the Turn</i> | \$70.00         |             |            |

|                |          |                               |              |               |
|----------------|----------|-------------------------------|--------------|---------------|
| <b>PLAYERS</b> | <b>2</b> | GOLFER #2 FIRST AND LAST NAME | PHONE NUMBER | EMAIL ADDRESS |
|                | <b>3</b> | GOLFER #3 FIRST AND LAST NAME | PHONE NUMBER | EMAIL ADDRESS |
|                | <b>4</b> | GOLFER #4 FIRST AND LAST NAME | PHONE NUMBER | EMAIL ADDRESS |

| EUCHRE TOURNAMENT  | COST PER PERSON | # ATTENDING | TOTAL COST |
|--|-----------------|-------------|------------|
| <b>Friday: KofC Insurance Agencies Euchre Tournament</b><br><i>If playing with a partner, please enter the name below.</i> | \$0.00          |             |            |

|          |                             |              |               |
|----------|-----------------------------|--------------|---------------|
| <b>2</b> | PARTNER FIRST AND LAST NAME | PHONE NUMBER | EMAIL ADDRESS |
|----------|-----------------------------|--------------|---------------|

**TOTAL FROM PG 1 & 2:**

*Cancellations received before April 28, 2023 are subject to review. No refunds after April 28, 2023. Full payment must be submitted with registration form. No guarantee of tickets can be made without payment.*

|   |  |
|---|--|
| <b>Make checks payable to Ohio State Council, Knights of Columbus</b><br>Please mail completed form and payment before <b>April 25, 2025</b> directly to:<br><b>Christopher Sarka / State Warden</b><br><b>7239 Winterbek Ave</b><br><b>New Albany, Ohio 43054-9097</b> | <b>FOR OFFICE USE ONLY</b><br>Check #: _____<br>Amount: _____<br>Received Date: _____<br>Confirmation #: _____ |
|---|--|