

REGISTRATION FORM FOR
CONDUCTRESSES, ASSOCIATE CONDUCTRESSES AND SENTINELS RETREAT
AUGUST 10 AND 11, 2018
HARBOR CITY LODGE
1715 AVOCADO AVENUE MELBOURNE, FL 32935

PLEASE PRINT

NAME _____ COST: \$25.00

TITLE _____

CHAPTER NAME AND NUMBER _____

ADDRESS _____

HOME PHONE _____ CELL _____

E-MAIL _____

TRAVELING COMPANION'S NAME _____ COST: \$15.00

(DOES NOT INCLUDE PRINTED MATERIALS)

TITLE _____

CHAPTER AND NUMBER _____

ADDRESS _____

HOME PHONE _____ CELL _____

E-MAIL _____

MAKE CHECKS PAYABLE TO: DONNA SCHROCK

PLEASE RETURN CHECK AND THIS FORM TO:

DONNA SCHROCK, GC

HOME: 321-338-2063 CELL: 321-432-7600

3672 BRANTLEY CIRCLE

E-MAIL: DLSchrock@outlook.com

ROCKLEDGE, FL 32955