



**NY DISTRICT KIWANIS MID WINTER MEALS ONLY REGISTRATION**  
**FEBRUARY 24-FEBRUARY 26 2012**  
**THE HOTEL IS COLLECTING ALL REGISTRATION FEES**



**RESERVATION DEADLINE: Friday February 17<sup>th</sup> , 2012**

NAME:	_____	Nickname & Title	_____
CLUB:	_____	Division	_____
ROOMMATE NAME:	_____	Nickname & Title	_____
CLUB:	_____	Division	_____
ADDRESS:	_____		ZIP CODE: _____
PHONE NUMBER:	_____	EMAIL:	_____

**MEALS ONLY PACKAGE RATES**

Package includes: Kiwanis Registration Fee of \$40, Dinner Friday, Breakfast, Lunch and Dinner Saturday

Meals ONLY Package \$180 per person includes tax and service

**Saturday Banquet Meal Choice Please Circle One :**      **Chicken**      **Filet Mignon**      **Grilled Salmon**

**RESERVATION INFORMATION**

Date of Arrival: \_\_\_\_\_ Date of Departure: \_\_\_\_\_

**PAYMENT INFORMATION**

*A check deposit is not required. If you wish to send a check it should be made payable to the Holiday Inn. All reservations will require either a Credit Card, or a check which must be provided at the time the reservation is submitted. Please note that credit cards will only be used to guarantee your room and will not be charged if another form of payment is presented at check in.*

<b>Credit Card Number**:</b>	_____	<b>Expiration Date**:</b>	_____
<b>Name of Cardholder**:</b>	_____	<b>Signature**:</b>	_____
	_____		_____

**CANCELLATION**

**If you find that you need to cancel your reservation please do so by 6pm on Wednesday February 22<sup>nd</sup> 2012. Reservations cancelled after 6pm on Wednesday February 22<sup>nd</sup> will be billed the full amount of the stay.**

*RESERVATIONS MUST BE MADE WITH THIS FORM NO CALL INS WILL BE ACCEPTED  
PLEASE FORWARD COMPLETED RESERVATION FORMS TO:*

**Jack Roddy**

**Phone: 518-533-1782**

**Fax: 518-533-1792**

**Email: jrodgy@hialbanywolf.com**

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