

RHODE ISLAND GRAND ASSEMBLY
July 9-11, 2010
PLEASE PRINT LEGIBLY!
Deadline: June 1, 2010

NAME: _____ **PHONE:** _____

EMAIL ADDRESS: _____

ORGANIZATION: _____

HIGHEST TITLE FOR INTRODUCTIONS: _____

MOTHER ADVISOR/CONTACT PERSON: _____

CONTACT PERSON INFO: PHONE() _____ **EMAIL:** _____

() ACTIVE RAINBOW GIRL () AFFILIATED ADULTS () OTHER _____

IF ATTENDING THE ENTIRE WEEKEND FILL IN SECTION (A) AND SECTION (D). IF ATTENDING THURSDAY FILL IN SECTION (B), IF ATTENDING PART OF THE WEEKEND FILL IN SECTION (C).

SECTION A

THE FOLLOWING PLANS INCLUDE HOTEL FOR FRIDAY AND SATURDAY AND ALL MEALS
 PLAN PRICES ARE BASED ON THE NUMBER OF PERSONS IN ROOM.
 PLEASE CHECK ONE OF THE FOLLOWING:

- | | | |
|--------------------------|-----------------------------|-------------|
| <input type="checkbox"/> | PLAN A (1 PERSON PER ROOM) | \$314.00 pp |
| <input type="checkbox"/> | PLAN B (2 PERSONS PER ROOM) | \$198.00 pp |
| <input type="checkbox"/> | PLAN C (3 PERSONS PER ROOM) | \$160.00 pp |
| <input type="checkbox"/> | PLAN D (4 PERSONS PER ROOM) | \$140.00 pp |

ENTER COST OF PLAN: \$ _____

SECTION B

THURSDAY NIGHT ACCOMODATIONS AVAILABLE FOR GRAND OFFICERS
 AND OUT-OF-STATE VISITORS. PLEASE CHECK ONE OF THE BOXES BELOW:

- | | | |
|--------------------------|------------------------|-------------|
| <input type="checkbox"/> | ONE PERSON PER ROOM | \$116.00 pp |
| <input type="checkbox"/> | TWO PERSONS PER ROOM | \$58.00 pp |
| <input type="checkbox"/> | THREE PERSONS PER ROOM | \$38.70 pp |
| <input type="checkbox"/> | FOUR PERSONS PER ROOM | \$29.00 pp |

ENTER COST OF ROOM OPTION: \$ _____

SECTION C

INDIVIDUALIZED PLAN (IF STAYING THURSDAY USE ABOVE)

- | | | | |
|--------------------------|--|---------|-------|
| <input type="checkbox"/> | REGISTRATION | \$10.00 | _____ |
| <input type="checkbox"/> | HOTEL FRIDAY (PRICES SAME AS THURSDAY) | | _____ |
| <input type="checkbox"/> | HOTEL SATURDAY (PRICES SAME AS THURSDAY) | | _____ |
| <input type="checkbox"/> | BREAKFAST SATURDAY | \$16.00 | _____ |
| <input type="checkbox"/> | BREAKFAST SUNDAY | \$16.00 | _____ |
| <input type="checkbox"/> | SATURDAY LUNCHEON | \$17.00 | _____ |
| <input type="checkbox"/> | BANQUET | \$23.00 | _____ |

Banquet Choices: () Chicken Francaise () Sirloin Steak () Rolled Up Vegetarian Lasagna

() KIDS MEAL (UNDER 10 PLEASE) Chicken tenders & Fries \$12.00 _____

INDICATE SPECIAL MEAL NEEDS ie. VEGETARIAN, DIABETIC, ALLERGIES, ETC.

SECTION D

FRIDAY NIGHT BAG LUNCH \$8.00 _____

*NOTE: BAG LUNCH NOT PROVIDED BY HOTEL
PLEASE PICK UP IN THE NEWPORT ROOM*

Ice Cream Sundae Social FRIDAY (ADULTS) \$9.00 _____

**FREE for RAINBOW GIRLS
(PLEASE INDICATE IF YOU PLAN TO ATTEND)**

TOTAL COST (ADD FRONT PAGE) \$ _____

CREDITS

ASSEMBLY ADS (GET THIS AMOUNT FROM YOUR MOTHER ADVISOR): \$ _____

INDIVIDUAL CREDITS (ATTACH CERTIFICATES): \$ _____

DIGNITARIES CREDITS (ONLY USE SECTION THAT APPLIES):

SUPREME OFFICERS, INSPECTORS, AND DEPUTIES: \$50.00 \$ _____

GRAND WORTHY ADVISORS & GRAND REPS. OF R. I. \$35.00 \$ _____

TOTAL CREDITS: \$ _____

Add LATE FEE of \$10.00 for reservations received after June 1, 2010 \$ _____

GRAND TOTAL: \$ _____
(TOTAL COST LESS TOTAL CREDITS PLUS LATE FEE)

**PLEASE PAY FOR THE EXACT NUMBER LISTED, ADJUSTMENTS MAY BE MADE LATER.
ROOMATES:**

1 ST _____

2 ND _____

3 RD _____

Make check payable in U.S. Funds to R. I. GRAND ASSEMBLY and send the completed registration form together with the Medical/Insurance/Permission form to:

**Mrs. Tamra Ringeling, Grand Deputy
75 East Street
West Warwick, R. I. 02893
401-575-1115
e-mail: ttringeling@verizon.net**

NOTE: ONE CHECK PER ASSEMBLY ON ASSEMBLY CHECK