Sweet Adelines Hotel Registration Form-Great Lakes Harmony Region#17

Sweet Adelines International

Winter Harmony Weekend with Diane Porsch – February 3-5, 2017



THE LODGE AT SAWMILL CREEK, HURON, OHIO

HOUSING DEADLINE –January 12, 2017

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Chorus Name | | |  | | | | | Housing Chair | |  | | | | |
| Address |  | | | | | City |  | | | | State |  | Zip |  |
| Phone (day) | |  | | (evening) |  | | | | Email | |  | | | |

Payment Method: Master Bill (1 bill for all chorus rooms) Individual Bills (chorus members pay their own bills)

|  |  |
| --- | --- |
| If Master Bill, name of person paying bill |  |

ROOM RATES: Individual: $108.10/night (includes all taxes)

Tax Exempt: $101.89/night (with your signed, enclosed chorus’s tax exempt form)

HOUSING FORM INSTRUCTIONS:

* Please print or type names and clearly mark those rooming together with a bracket or leave a space between each group rooming together.
* Include the expiration date and name of card holder with each credit card number
* Check room size required & nights required and type of payment
* Codes for housing form are as follows:
  + ROOM SIZE - S – Single, D-Double
  + SPECIAL REQUESTS – R – Rollaway, NS – Non-Smoking, S – Smoking, H – Handicapped Accessible
* No rooms will be reserved without a credit card hold or a check for one night’s deposit per each room requested.

When complete, send this page and all pages of the reservation form to:

Sue Heck (Sue will be forwarding the housing forms that are sent via mail for Cathy Dunlap who will be out of state part of Jan.)

Sue Heck

5229 Dungannon Cr NW

North Canton, OH 44720

Ph: 330-324-2391

IF SENDING FORM VIA EMAIL, send to Cathy Dunlap at [cdunlap1969@gmail.com](mailto:cdunlap1969@gmail.com)

HOTEL INFORMATION & REGULATIONS:

* Tax Exempt Eligibility – If a chorus pays for rooms with a chorus-owned credit card (with the chorus name on the card), they could be eligible for tax exempt status. This applies to all out of state choruses. To be eligible, a tax exempt form must be sent along with the housing form. Tax exempt status will not be granted without this form. The room rate will be $101.89 per night per room if tax exempt status is granted and $108.10/night if not tax exempt.
* The hotel requires a one night deposit for each room or credit card number (remember to include expiration date and name of card holder)
* If paying by check, please make check payable to THE LODGE AT SAWMILL CREEK. Check in time is 4:00 P.M. Check out time is 11:00 A.M.
* Payment for rooms must be made before departure from the hotel.
* \*\*\*Cancellations or changes after January 12, 2017 must be made with the HOTEL DIRECTLY
* (419)-433-3800. There is a 72 hour cancellation policy. Cancellations within 72 hrs. will be charged accordingly.

If you have any questions, please contact Cathy Dunlap at 330-936-4061 or [cdunlap1969@gmail.com](mailto:cdunlap1969@gmail.com). Thank You.

All forms will be available on Region 17 Website. Mark your calendars now. Our weekend Facilitator will be Diane Porsch. Weekend schedule and speaker bio will be available on website. Thank you in advance for your timely returns of the housing and registration forms.

WINTER HARMONY WEEKEND WITH DIANE PORSCH

FEB. 3-5, 2017 THE LODGE AT SAWMILL CREEK RESORT

400 SAWMILL CREEK, HURON, OH 44839

HOUSING DEADLINE – January 12, 2017

CHORUS NAME\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| IMPORTANT: Please PRINT or TYPE | | | 2 Full Beds | 1 King Bed | **Handicap** | Thursday | Friday | Saturday | Credit Card info (Number and Exp. Date)  From 1person per room or 1 chorus credit card for all rooms. REQUIRED BY HOTEL |
|  | | Last Name, First Name |
| Room | 1 |  |  |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |  |  |
| Room | 1 |  |  |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |  |  |
| Room | 1 |  |  |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |  |  |
| Room | 1 |  |  |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |  |  |
| Room | 1 |  |  |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |  |  |
| Room   |  |  |  |  | | --- | --- | --- | --- | | Taxable Rate Per Room |  |  |  | | 1 person per room | 2 per room per person | 3 per room per person | 4 per room per person | | $108.10 | $54.05 | $36.04 | $27.03 | |  |  |  |  | | Tax Exempt Rate per Room |  |  |  | | 1 person per room | 2 per room per person | 3 per room per person | 4 per room per person | | $101.89 | $50.95 | $33.97 | $25.48 | |  |  |  |  | | 1 |  |  |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |  |  |

92.00 + (mandatory 3.75% resort fee and 7% bed tax) = $101.89 -State tax is exempt with signed form  
92.00 + (mandatory 17.5% Sales tax) = $108.10

PRESCRIBED BY THE TAX

COMMISSIONER UNDER RULE

NO. TX 1 1-03

**BLANKET CERTIFICATE OF EXEMPTION**

The undersigned hereby claims exemption to purchases of tangible personal property from

|  |  |  |
| --- | --- | --- |
|  | | on and after |
| NAME OF VENDOR | |  |
|  | |  |
|  | and certifies that this claim | |
| DATE | |  |

is based upon the purchaser’s proposed use of the items purchased, the activity of the purchaser, or both, as shown hereon:

**Granted exemption from federal income tax as an IRS 501 (c)(3)**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**charitable non-profit organization**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

PURCHASER MUST STATE STATUTORY REASON FOR CLAIMING EXEMPTION OR EXCEPTION

This certificate shall continue in force until revoked and shall be considered a part of each order given to the above named vendor unless the order specifies otherwise.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | | | | |
| (Purchaser’s Name) | | | | |
|  | | | | |
|  | | | | |
| (Purchaser’s Activity, i.e., Manufacturer, Public Utility, Church, etc.) | | | | |
|  | | | | |
|  | | | | |
| (Purchaser’s Address) | | | | |
|  | | | | |
|  | | | | **-Finance Coordinator** |
| (By – Signature and Title) | | | | |
|  | | | | |
|  | | | | |
| (Date Signed) | | | | |
|  | | | | |
| N/A | **Tax ID #** | |  | |
| (Vendor’s License, if any) | |  | | |