

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

Sweet Adelines International

WINTER HARMONY WEEKEND with Kim Wonders – FEBRUARY 5-7, 2016
THE LODGE AT SAWMILL CREEK, HURON, OHIO



HOUSING DEADLINE –January 12, 2016

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: \$104.58/night (includes all taxes)**
 Tax Exempt: \$98.80/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
Email: suehck@yahoo.com

IF SENDING FORM VIA EMAIL, send to Cathy Dunlap at 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 **\$96.79 night per room if tax exempt status is granted and \$102.80/night if not.**
- 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, 2016 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. Thank You.

All forms will be available on Region 17 Website. Mark your calendars now. Our weekend Facilitator will be Kim Wonders. 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 KIM WONDERS
 FEB. 6-8, 2015 THE LODGE AT SAWMILL CREEK RESORT
 400 SAWMILL CREEK, HURON, OH 44839**

HOUSING DEADLINE – January 12, 2016

CHORUS NAME

IMPORTANT: <i>Please PRINT or TYPE</i>		2 Full Beds	1 King Bed	Handicap	Thursday	Friday	Saturday	Credit Card info (Number and Exp. Date) From 1 person 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							
Taxable Rate Per Room								
1 person per room	2 per room per person	3 per room per person	4 per room per person					
\$104.58	\$52.29	\$34.86	\$26.15					
Tax Exempt Rate per Room								
1 person per room	2 per room per person	3 per room per person	4 per room per person					
\$98.80	\$49.40	\$32.93	\$24.70					

89.00 + (mandatory resort fee and bed tax) = \$98.80 -State tax is exempt with signed form
 89.00 + (mandatory resort fee, bed tax, state tax) = \$104.58

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)

Registration Form
WINTER HARMONY WEEKEND
FEB. 5-7, 2016
THE LODGE AT SAWMILL CREEK RESORT
400 SAWMILL CREEK, HURON, OH 44839
REGISTRATION DEADLINE –January 12, 2016
Weekend Facilitator – Kim Wonders

Registrations after January 20th will be assessed a \$5.00 late fee per person

Email completed forms (if using CC) or mail along with chapter check made payable to

“GREAT LAKES HARMONY Region #17” to

If sending via mail: Sue Heck
5229 Dungannon Cr NW
North Canton, OH 44720
Ph: 330-324-2391

If sending via email: Cathy Dunlap
cdunlap1969@gmail.com
330-936-4061

Total number of NON-MEMBERS

_____ @ \$20.00 \$ _____ (enclosed)

Total number of MEMBERS

(includes male non-member directors)

_____ @ \$10.00 \$ _____ (enclosed)

No fee for non-member attending spouses

@ No

Total Perspective Members

_____ Charge

**(Note: This is the last Harmony
Weekend that a member registration
fee will be applied.**

CHORUS NAME _____

CONTACT Name _____

CONTACT Address _____

CONTACT Email _____ **Phone** _____

___ Check Enclosed ___ Credit Card Payment (Visa / MC)

Name on Credit Card _____

Credit Card # _____ **Exp. Date** _____ **code on back** _____
(3 digit)

Address for Credit Cardholder (if different than above)

City _____ **State** _____ **Zip** _____

REGISTRATIONS ARE NON-REFUNDABLE. THEY ARE TRANSFERABLE.

REGISTRATION FORM – HW Weekend Sawmill Creek, Feb. 5-7, 2016

Please place names as you wish them to read on your new nametag which will be available to pick up upon registration (for those that did not attend the Fall HW).

Pre-registration is being made for the following members of

CHAPTER NAME:					
	FIRST NAME	LAST NAME		FIRST NAME	LAST NAME
1.			31.		
2.			32.		
3.			33.		
4.			34.		
5.			35.		
6.			36.		
7.			37.		
8.			38.		
9.			39.		
10.			40.		
11.			41.		
12.			42.		
13.			43.		
14.			44.		
15.			45.		
16.			46.		
17.			47.		
18.			48.		
19.			49.		
20.			50.		
21.			51.		
22.			52.		
23.			53.		
24.			54.		
25.			55.		
26.			56.		
27.			57.		
28.			58.		
29.			59.		
30.			60.		

This form may be duplicated if necessary.
REGISTRATIONS ARE NON-REFUNDABLE. THEY ARE TRANSFERABLE.
 DEADLINE January 12, 2016. Registrations after Jan. 20th will be assessed a \$5.00 late fee.

Great Lakes Region#17
WINTER HARMONY WEEKEND
 Longevity Recognitions
 Luncheon Menu:
 February 6, 2016

Turkey Croissant
 Pasta Salad and Seasonal Fruit
 Warm Rolls & Butter
 Coffee, Iced Tea
 Dessert

Luncheon is limited, so don't delay

Please use credit card or write one chapter check payable to:

GREAT LAKES HARMONY REGION #17

DEADLINE for luncheon reservations – Jan 28, 2016

Designated person will pick up all luncheon tickets at the Sweet Adeline registration Table prior to luncheon and distribute to her fellow chorus members.

Luncheon tickets are non-refundable. They may be sold to another person.
 Price includes Tax and Gratuity.

CHORUS NAME					
NUMBER OF RESERVATIONS			@ \$17/ea. = \$		enclosed
CONTACT PERSON					
PHONE			EMAIL		

Credit Card #

Ex. Date

Code on back

If sending Via mail: Sue Heck
 5229 Dungannon Cr NW
 North Canton, OH 44720

If sending via email send to:
 Cathy Dunlap
 cdunlap1969@gmail.com
 330-936-4061

HARMONY WEEKEND LUNCHEON FEBRUARY 6, 2016

Luncheon Ticket Order Form, Cost: \$17ea

Please list each person purchasing a luncheon ticket. If you believe someone should receive a complimentary ticket, please note "COMP" by her name. The Events Team will then confirm the eligibility of that person. If the person is not eligible for a complimentary ticket, payment will need to be made.

Please return this form to: cdunlap1969@gmail.com or mail to

Sue Heck
5229 Dungannon Cr NW
North Canton, OH 44720
Ph: 330-324-2391

CHAPTER NAME:

1.		22.	
2.		23.	
3.		24.	
4.		25.	
5.		26.	
6.		27.	
7.		28.	
8.		29.	
9.		30.	
10.		31.	
11.		32.	
12.		33.	
13.		34.	
14.		35.	
15.		36.	
16.		37.	
17.		38.	
18.		39.	
19.		40.	
20.		41.	
21.		42.	

Please return no later than Jan. 28, 2016