



**Sweet Adelines Hotel Registration Form-Great Lakes Region#17**  
**Sweet Adelines International**  
**FALL HARMONY WEEKEND with Mary Rhea- SEPTEMBER 15 THRU 17, 2017**  
**HOLIDAY INN FRENCH QUARTERS**  
**10630 Fremont Pike, Perrysburg, OH 43511**  
**HOUSING DEADLINE –August 15, 2017**

Chorus Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_

Phone (day) \_\_\_\_\_ (evening) \_\_\_\_\_ Email \_\_\_\_\_

Payment Method: **Master Bill** **Individual Bills**

If Master Bill, name of person paying bill \_\_\_\_\_

**ROOM RATES:**     **Individual: \$108.66/night (includes all taxes)**  
                             **Tax Exempt: \$101.97/night (see below for eligibility requirements)**

**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 – Q-quad
  - SPECIAL REQUESTS – R – Rollaway, H – Handicapped Accessible
- Please put the chorus name at the top of every page of the reservation form.
- 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: (Email is preferred)**

Cathy Dunlap, Housing Chair  
4746 Helmsworth Dr NE  
Canton, OH 44714  
Ph: 330-936-4061  
Email: [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 **\$101.97 per night per room if tax exempt status is granted and \$108.66/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 HOLIDAY INN FRENCH QUARTER. 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 SEPTEMBER 10, 2017 must be made with the HOTEL DIRECTLY (419)-874-3111.**

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

# Great Lakes Harmony Region 17 HOUSING FORM –Sept 15-17, 2017

**Chorus Name:**

IMPORTANT: <i>Please PRINT or TYPE</i>		2 Full Beds	1 King Bed	Handicapped	Thursday	Friday	Saturday	Required Credit Card info from 1 person per room to hold room CC number and Exp. Date
Last Name, First Name								
<b>Room</b> 1	1							
	2							
	3							
	4							
<b>Room</b> 2	1							
	2							
	3							
	4							
<b>Room</b> 3	1							
	2							
	3							
	4							
<b>Room</b> 4	1							
	2							
	3							
	4							
<b>Room</b> 5	1							
	2							
	3							
	4							
<b>Room</b> 6	1							
	2							
	3							
	4							

Room Rates: \$108.66 (With Tax)

\$ 101.97 ( For Tax Exempt) See attached Tax Exempt form for chorus use DEADLINE

Deadline– AUGUST 15, 2017

**Chorus Name:**

IMPORTANT: <i>Please PRINT or TYPE</i>		2 Full Beds	1 King Bed	Handicapped	Thursday	Friday	Saturday	Required Credit Card info from 1 person per room to hold room
Last Name, First Name								
<b>Room</b> 7	1							
	2							
	3							
	4							
<b>Room</b> 8	1							
	2							
	3							
	4							
<b>Room</b> 9	1							
	2							
	3							
	4							
<b>Room</b> 10	1							
	2							
	3							
	4							
<b>Room</b> 11	1							
	2							
	3							
	4							
<b>Room</b> 12	1							
	2							
	3							
	4							

Room Rates: \$108.66 (With Tax)

\$101.97 (For Tax Exempt) See attached tax exempt form for chorus use

DEADLINE – AUGUST 15, 2017

**Great Lakes Harmony Region 1/ HOUSING FORM –Sept 15-17, 2017**

**Chorus Name:**

<b>IMPORTANT: Please PRINT or TYPE</b>		<b>2 Full Beds</b>	<b>1 King Bed</b>	<b>Handicapped</b>	<b>Thursday</b>	<b>Friday</b>	<b>Saturday</b>	<u>Required Credit Card info from 1 person per room to hold room</u>
Last Name, First Name								
<b>Room 13</b>	1							
	2							
	3							
	4							
<b>Room 14</b>	1							
	2							
	3							
	4							
<b>Room 15</b>	1							
	2							
	3							
	4							
<b>Room 16</b>	1							
	2							
	3							
	4							
<b>Room 17</b>	1							
	2							
	3							
	4							
<b>Room 18</b>	1							
	2							
	3							
	4							

Room Rates: \$108.66 (With Tax)

\$101.97 ( For Tax Exempt) See attached Tax Exempt form for chorus use

DEADLINE – AUGUST 15, 2017

## BLANKET CERTIFICATE OF EXEMPTION

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

**Holiday Inn - Perrysburg**

on and after

NAME OF VENDOR

**September 15-17, 2017**

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.

Great Lakes Harmony Region #17

(Purchaser's Name)

**Women's Singing Organization**

(Purchaser's Activity, i.e., Manufacturer, Public Utility, Church, etc.)

(Purchaser's Address)

=

(By – Signature and Title)

(Date Signed)

Tax ID #