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

Sweet Adelines International – June Musical Leaders Retreat

June 14-16, 2019

The Schoenbrunn Inn

1186 West High Avenue, New Philadelphia, OH 44663

**HOUSING DEADLINE –May 14, 2019**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| *Chorus Name* | | |  | | | | |  | |  | | | | |
| *Address* |  | | | | | *City* |  | | | | *State* | *\_\_* | *Zip* | *\_\_* |
| *Phone (day)* | |  | | *(evening)* |  | | | | *Email* | |  | | | |

*Payment Method:*

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

ROOM RATES: **Individual: $100.34 (includes all taxes)**

**Tax Exempt: $94.34 inclusive (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- Email to Vicki VanGorder [awicky16@yahoo.com](mailto:awicky16@yahoo.com))

If mailing forms, send to:

Vicki VanGorder, Facilities Committee

268 Jackson Street

Jefferson OH 44047

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 $94.34 per night per room if tax exempt status is granted & $100.35 night if not.
* The hotel requires a one night deposit for each room or credit card number per room (remember to include expiration date, 3 digit code on back of card and name of card holder)
* If paying by check, please make check payable to The Schoenbrunn Inn. 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 May 14, 2019 must be made with the HOTEL DIRECTLY
* (330-339-4334).

If you have any questions, please contact Vicki VanGorder at 440-813-7370 or awicky16@yahoo.com. Thank you

Great Lakes Harmony Region 17 HOUSING FORM – June 14-16, 2019

Chorus Name:

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| IMPORTANT: Please PRINT or TYPE | | | 2 Queen 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 |
| Room  1 | 1 |  |  |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |  |  |
| Room  2 | 1 |  |  |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |  |  |
| Room  3 | 1 |  |  |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |  |  |
| Room  4 | 1 |  |  |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |  |  |
| Room  5 | 1 |  |  |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |  |  |
| Room  6 | 1 |  |  |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |  |  |

**Room Rates:**

**$94.34 per night – Tax Exempt – see attached form for chorus use**

**$100.35 per night – Regular Rate**

**Deadline May 14, 2019**

Great Lakes Harmony Region 17 HOUSING FORM –**June 14-16, 2019**

Chorus Name:

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| IMPORTANT: Please PRINT or TYPE | | | 2 Queen Beds | 1 King Bed | Handicapped | Thursday | Friday | Saturday | Required Credit Card info from 1 person per room to hold room |
|  | | Last Name, First Name |
| Room  7 | 1 |  |  |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |  |  |
| Room  8 | 1 |  |  |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |  |  |
| Room  99 | 1 |  |  |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |  |  |
| Room    10 | 1 |  |  |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |  |  |
| Room    11 | 1 |  |  |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |  |  |
| Room  12 | 1 |  |  |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |  |  |

**Room Rates:**

**$94.34 per night – Tax Exempt – see attached form for chorus use**

**$100.35 per night – Regular Rate**

**Deadline May 14, 2019**

Great Lakes Harmony Region 17 HOUSING FORM –June 14-16, 2019

Chorus Name:

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| IMPORTANT: Please PRINT or TYPE | | | 2 Queen Beds | 1 King Bed | Handicapped | Thursday | Friday | Saturday | Required Credit Card info from 1 person per room to hold room |
|  | | Last Name, First Name |
| Room  13 | 1 |  |  |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |  |  |
| Room  14 | 1 |  |  |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |  |  |
| Room  15 | 1 |  |  |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |  |  |
| Room    **16** | 1 |  |  |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |  |  |
| Room    17 | 1 |  |  |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |  |  |
| Room  18 | 1 |  |  |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |  |  |

**Room Rates:**

**$94.34 per night – Tax Exempt – see attached form for chorus use**

**$100.35 per night – Regular Rate**

**Deadline May 14, 2019**

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.

Great Lakes Harmony Region #17

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | | | | |
| (Purchaser’s (Chorus) Name) | | | | |
|  | | | | |
|  | | | | |
| (Purchaser’s (Chorus) Activity, i.e., Manufacturer, Public Utility, Church, etc.) | | | | |
|  | | | | |
|  | | | | |
| (Purchaser’s (Chorus) Address) | | | | |
|  | | | | |
|  | | | | **=** |
| (By – Signature and Title) | | | | |
|  | | | | |
|  | | | | |
| (Date Signed) | | | | |
|  | | | | |
| Tax ID # |  | |  | |
|  | |  | | |