Sweet Adelines Hotel Registration Form-Great Lakes Region #17

Sweet Adelines International

WINTER “3 CHORUS” HARMONY WEEKEND - FEBRUARY 9-11, 2018

SAWMILL CREEK RESORT

400 Sawmill Creek Dr W, Huron OH

HOUSING DEADLINE –January 23, 2018

|  |  |  |  |
| --- | --- | --- | --- |
| 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: $108.10/night (includes all taxes)

 Tax Exempt: $102.13/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- Email to Cathy Dunlap cdunlap1969@gmail.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 $102.13 per night per room if tax exempt status is granted and $108.10/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 Sawmill Creek Resort. 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 FEBRUARY 1, 2018 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. Thank you

Great Lakes Harmony Region 17 HOUSING FORM –February 9-11, 2018

Chorus Name:

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| IMPORTANT: Please PRINT or TYPE | 2 Full Beds | 1 King Bed | Handicapped | Thursday | Friday | Saturday | Required Credit Card info from1 person per room to hold roomCC number and Exp. Date |
|  | Last Name, First Name |
| Room1 | 1 |  |  |  |  |  |  |  |   |
| 2 |  |  |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |  |  |
| Room2 | 1 |  |  |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |  |  |
| Room3 | 1 |  |  |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |  |  |
| Room4 | 1 |  |  |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |  |  |
| Room5 | 1 |  |  |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |  |  |
| Room6 | 1 |  |  |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |  |  |

Room Rates: $108.10 (With Tax)

 $ 102.13 ( For Tax Exempt) See attached Tax Exempt form for chorus use DEADLINE Deadline– January 23, 2018

Great Lakes Harmony Region 17 HOUSING FORM –February 9-11, 2108

Chorus Name:

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| IMPORTANT: Please PRINT or TYPE | 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 |
| Room7 | 1 |  |  |  |  |  |  |  |   |
| 2 |  |  |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |  |  |
| Room8 | 1 |  |  |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |  |  |
| Room99 | 1 |  |  |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |  |  |
| Room  10 | 1 |  |  |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |  |  |
| Room   11 | 1 |  |  |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |  |  |
| Room 12 | 1 |  |  |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |  |  |

Room Rates: $108.10 (With Tax)

 $102.13 ( For Tax Exempt) See attached tax exempt form for chorus use

DEADLINE – January 23, 2018

Great Lakes Harmony Region 17 HOUSING FORM –February 9-11, 2018

Chorus Name:

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| IMPORTANT: Please PRINT or TYPE | 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 |
| 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: $108.10 (With Tax)

 $102.13 ( For Tax Exempt) See attached Tax Exempt form for chorus use

DEADLINE – January 23, 2018

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

|  |  |
| --- | --- |
| **Sawmill Creek Resort** | on and after |
| NAME OF VENDOR |  |
|  |  |
| **February 9-11, 2018** | 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) |
|  |
| **Women’s Singing Organization** |
| (Purchaser’s (Chorus) Activity, i.e., Manufacturer, Public Utility, Church, etc.) |
|  |
|  |
| (Purchaser’s (Chorus) Address) |
|  |
|  | **=** |
| (By – Signature and Title) |
|  |
|  |
| (Date Signed) |
|  |
| Tax ID # |  |  |
|  |  |