

EQUESTRIAN ORDER OF THE HOLY SEPULCHRE OF JERUSALEM
SOUTHWESTERN LIEUTENANCY

2021 ANNUAL MEETING AND INVESTITURE REGISTRATION

October 15th – 18th • Fort Worth, Texas

Please return this form by August 31st to receive the Early Bird Discount:

Name: _____

Spouse Name: _____ Member _____ Non-member _____

Address: _____

City, State, Zip: _____ Diocese: _____

Preferred phone numbers: _____

Email 1: _____ Email 2: _____

Name you prefer on badge: _____
Spouse preferred name: _____

REGISTRATION

	<u>Number of persons</u>	<u>Amount</u>
<u>Early Bird Registration:</u> (Deadline Aug 31 st) Investee(s), Member(s), & Non-Member Spouse	_____ X \$ 580.00	\$ _____
<u>Regular Registration:</u> (Received Sept. 1 st – 30 th) Investee(s), Member(s), & Non-Member Spouse	_____ X \$ 630.00	\$ _____
<u>Late Registration:</u> (Received after Sept. 30 th) Investee(s), Member(s), & Non-Member Spouse	_____ X \$ 680.00	\$ _____
<u>Guest Meal Total:</u> (complete guest meals on page 2 and enter amount here)		\$ _____
<u>Friday Night Event:</u> Fort Worth “Roundup” <i>Limited to the first 200 registrants (see insert for details)</i>	_____ X \$ 50.00	\$ _____
	TOTAL ENCLOSED:	\$ _____

Registration Cancellation Policy:

30+ days prior to event: refund of registration fee minus \$100
7-29 days prior to event: refund of registration fee minus \$200
No refund for cancellations made after October 8th, 2021.

Return to: EQUESTRIAN ORDER OF THE HOLY SEPULCHRE OF JERUSALEM

2001 Kirby Drive, Suite 902, Houston, Texas 77019

Phone: (713) 524-5444 Fax: (713) 524-5333

* All priests, deacons, and religious from outside the Diocese of Fort Worth must provide a completed testimonial of suitability form.
Email the form to: amudd@fwdioc.org.

MEMBER, INVESTEES, & NON-MEMBER SPOUSE MEALS

Meals are included in the registration fee.

For planning purposes please indicate the meals you will be attending

<u>Event</u>	<u># of Persons</u>	<u>Event</u>	<u># of Persons</u>
Saturday Breakfast	_____	Sunday Breakfast	_____
Saturday Lunch	_____	Sunday Lunch	_____
Saturday Dinner	_____	*Sunday Dinner	_____

**Sunday Night dinner is for Investees, Members & Non-Member Spouses only.*

GUEST MEALS

NOTE: guest meal fees apply to **non-members only**. *Members, Investees, and Non-Member Spouses* must pay full registration fees.

If you have a guest(s) who will be attending the Annual Meeting, please complete the following:

<u>Event</u>	<u>Number of Guests</u>		<u>Total Amount</u>
Saturday Breakfast	_____	X \$ 42.00	\$ _____
Saturday Lunch	_____	X \$ 48.00	\$ _____
Saturday Dinner	_____	X \$115.00	\$ _____
Sunday Breakfast	_____	X \$ 42.00	\$ _____
Sunday Lunch	_____	X \$ 48.00	\$ _____

**Sunday dinner is for Investees, Members & Non-Member Spouses only.*

Guest Meal Grand Total \$ _____
(Transfer this amount to Page 1)

Each guest must have a name badge. Please enter the preferred name for each guest. (First and Last Name).

1. _____ 2. _____
3. _____ 4. _____

SPECIAL DIETARY NEEDS: (please state any special dietary needs for investees, members/spouses and guests by name)

Name _____ Dietary Need _____
Name _____ Dietary Need _____
Name _____ Dietary Need _____

ADA: (please list any mobility issues by guest name) _____

**** Hotel Reservations are not included in the Registration Fee ****