



113th Tennessee State Council Annual Convention

Knights of Columbus

Friday, April 29, 2016 to Sunday, May 1, 2016
Franklin Marriott Hotel
700 Cool Springs Blvd.
Franklin, Tennessee 888/403-6772

Convention Registration Form

Wife's Name: _____

Wife's Email: _____

Delegate Please Circle: **YES** or **NO**

Arrival Date: _____

**Fee does not apply for Knights only attending the evening banquet

**Delegate Package Order Form: Please fill in completely and return at the
State Mid-Year meeting JANUARY 9, 2016**

Knight Registration includes: All Fees, 1 Saturday lunch, 1 Banquet ticket & 1 Souvenir gift. All Prices are per person

Item	Qty.	Cost	Total
Knight Registration Fee, Lunch, Banquet & Souvenir		\$150.00	
Ladies Registration Fee, Lunch, Banquet & Tour		\$150.00	
If your wife would like to attend the Saturday Ladies Tour, you must also mark here ----->		No additional charge, included in Ladies Registration	
Youth Package Saturday evening includes meal & sitting for 1		\$35.00	
**Non Registered Attendee Fee (includes lunch)		\$35.00	
Additional Banquet Ticket		\$55.00	
Additional Convention Souvenir Gift		\$20.00	
Men's Convention Shirt (include size)	Qty: Size:	\$45.00	
Ladies Convention Shirt (Include Size)	Qty: Size:	\$45.00	
Delegate or Ladies additional Lunch Ticket (if not registering)	Men: Lady:	\$35.00	
SPECIAL DIETARY NEEDS (Please Specify)			
	Sat. Lunch		
	Sat. Banquet		
		Grand Total:	\$

Make all check payable to: Knights of Columbus Tennessee State Council

Mail all checks to State Convention Manager: Michael J. Porter

4229 Brackenwood Drive Old Hickory, TN. 37138

(615) 847-4295 e-mail: MJPKNIGHT9282@AOL.COM

Registration fee after March 1, 2016 will increase to \$195.00 per person

No Cancellations after April 15, 2016 - No Registrations will be accepted without payment

Please retain a copy of this form for your records

DEADLINE TO REGISTER: State Mid-Year Meeting January 9, 2016

Please Print Legibly:

MEMBERSHIP #: _____

Name: _____

Council #: _____ Office: _____

Address: _____

City: _____

State: _____ Zip: _____

Phone: _____ Wife Cell: _____

Email: _____

*** If you require a special meal please make a special note on this form

For State Council Use Only:

File #: _____ Date Received: _____ Amount Received: _____ Check #: _____