



# 112<sup>th</sup> Tennessee State Council Annual Convention

## Knights of Columbus

Friday, May 1, 2015 to Sunday, May 3, 2015  
Franklin Marriott Hotel, Cool Springs  
Franklin, Tennessee 888/403-6772

### Convention Registration Form

Wife's Name: \_\_\_\_\_

Child's

Name (s): \_\_\_\_\_

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 10, 2015**

*Knights Registration includes all fee's, 1 Banquet ticket, 1 Souvenir gift, 1 Saturday lunch. All Prices are per person*

Item	Qty.	Cost	Total
Knight Registration Fee, Banquet Dance & Souvenir		<b>\$150.00</b>	
Lady's Registration Fee, Banquet Dance & Tour		<b>\$150.00</b>	
<b>Ladies Saturday &amp; Sunday Program-Please mark if attending we must purchase tickets in advance</b>		<b>Must mark if attending</b>	
Youth Package Saturday evening includes meal & sitting for 1		<b>\$35.00</b>	
<b>**Non Registered Attendee Fee (includes lunch)</b>		<b>\$35.00</b>	
Additional Banquet Ticket		<b>\$55.00</b>	
Additional Convention Souvenir Gift		<b>\$20.00</b>	
Men's Convention Shirt (include size)	<b>Qty: Size:</b>	<b>\$45.00</b>	
Ladies Convention Shirt (Include Size)	<b>Qty: Size:</b>	<b>\$45.00</b>	
Delegate or Ladies additional Lunch Ticket (if not registering)	<b>Men: Lady:</b>	<b>\$35.00</b>	
<b>SPECIAL DIETARY NEEDS (Please Specify)</b>			
	<b>Sat. Lunch</b>		
	<b>Sat. Banquet</b>		
	<b>Grand Total:</b>	<b>\$</b>	

**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](mailto:mjpknight9282@aol.com)**

*Registration fee after March 1, 2015 will increase to \$195.00 per person*

***No Cancellations after April 15, 2015 - 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 10, 2015**

Please Print Legibly:

MEMBERSHIP #: \_\_\_\_\_

Name: \_\_\_\_\_

Council #: \_\_\_\_\_ Office: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

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 #: \_\_\_\_\_