

Ocala Shrine Club  
Housing Form FASMC  
Florida Shrine Association  
Days Inn

5751 E. Sliver Springs, Fl  
May 5<sup>th</sup> 2010 through May 8<sup>th</sup> 2010

Please select your Preference

\_\_\_\_ Two Doubles      \_\_\_\_\_ Non Smoking  
\_\_\_\_ Standard King      \_\_\_\_\_ Smoking  
\$54.25 all taxes are included

**FSA registration fee of \$15.00 must be included with your payment**

First night \$54.25 plus \$15.00 = \$69.25

Total nights stay \_\_\_\_\_

Registration Information

Your Name \_\_\_\_\_ Ladies Name \_\_\_\_\_ Unit/Club \_\_\_\_\_

Address

Street

City, State, Zip Code

Home Phone/Cell \_\_\_\_\_ work \_\_\_\_\_

E- Mail Address:

\_\_\_\_ Check – Make Payable to FSA 2010

\_\_\_\_ Credit Card# \_\_\_\_\_ EXP. Date

\_\_\_\_ Master Card \_\_\_\_\_ Visa

First night deposit must accompany this form

Mail Completed form to:

Hal Mix, 18370 NW 5<sup>th</sup> Ct.

Citra Fl. 32113

Phone 352.817.0816

Form can be e mailed to: Fax to : 352.694.6899

[dukecad@yahoo.com](mailto:dukecad@yahoo.com)

All Fax's & e mails are secured.

[halmix@live.com](mailto:halmix@live.com)

ANY SPECIAL NEEDS FOR ROOMS PLEASE CALL OR NOTE BELOW