

Ocala Shrine Club
Housing Form Provost Guard
Florida Shrine Association

Days Inn

5751 E. Sliver Springs, Fl

May 5th 2010 through May 8th 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 5th Ct.

Citra Fl. 32113

Phone 352.817.0816

Form can be e mailed to: Fax to: 352.694.6899

dukecad@yahoo.com

All Fax's & e mails are secured.

halmix@live.com

ANY SPECIAL NEEDS FOR ROOMS PLEASE CALL OR NOTE BELOW