Ocala Shrine Club
Housing Form for Clowns
Florida Shrine Association
Hilton Ocala I 75 & HWY 200
May 5th 2010 through May 8th 2010

Please select your Preference

___ Two Queens ____ Non Smoking

___ One King ____ Smoking

$96.57 all taxes are included

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

First night $96.57 plus $15.00 = $111.57

Total number of nights you will 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: or faxed to 352.694.6899
dukecad@yahoo.com
halmix@live.com Fax and E mail are secure

ANY SPECIAL NEEDS FOR ROOMS PLEASE CALL ME OR NOTE BELOW