

Ocala Shrine Club
Housing Form FSA Headquarters
Florida Shrine Association
Holiday Inn Express
5360 E. Sliver Springs, Fl
May 5th 2010 through May 8th 2010

Please select your Preference

Two Queens Non Smoking Smoking
\$89.99 all taxes are included
 Suite \$105.00 all taxes are included

FSA registration fee of \$15.00 must be included with your payment
First night \$89.00 plus \$15.00 = \$104.99 Reg room or
\$105.00 plus \$15.00 = \$120.00 for Upgraded room
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 mail are secured.
halmix@live.com

ANY SPECIAL NEEDS FOR ROOMS PLEASE CALL ME OR NOTE BELOW