

Ocala Shrine Club
Housing Form for F.S.O.B.A.
Florida Shrine Association
Holiday Inn & Suites
I75 & HWY 200, Ocala
May 5th 2010 through May 8th 2010

Please select your Preference

____ Two Doubles _____ Non Smoking
____ Standard King _____ Smoking

\$85.71 all taxes are included

____ Suite \$118.27 all taxes are included

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

First night \$ 85.71 plus \$15.00 = \$100.71

Suite \$118.27 plus \$15.00 = \$133.27

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 ME OR NOTE BELOW