

Hospitality Room

Reservation Form

Club _____ Date _____

ROOM REQUESTED _____

(If requesting a Suite, Indicate the number of Bedrooms desired, 1 or 2)

SECOND CHOICE _____

(ROOMS RESERVED ON A FIRST-COME, FIRST-SERVED BASIS)

ROOM WILL BE OPEN _____ OR CLOSED _____

ROOM FEE \$ _____ PAID _____

SECURITY DEPOSIT \$250.00 PAID _____

CLUB HOSPITALITY ROOM CHAIRMAN

LION _____

ADDRESS _____

CITY/ZIP _____

DAYTIME PHONE NO: _____

E-MAIL ADDRESS _____

REMARKS: _____

All Club members in your Hospitality room must wear "their" Convention Registration Badge.

MUST ACCOMPANY THIS FORM

Send to: PDG Mike Smigielski

Hospitality Room Chairman

E-LionMikeSmig@aol.com

220 Louis Drive

Willow Springs, IL 60480