



# Hollywood



District 4-C5 Convention Registration Form  
**Please complete one form for each participant**  
**PLEASE PRINT ALL INFORMATION**

<b>REGISTRATION: Print NAME preferred on the Convention Badge</b> (Title below will be printed under the name on each badge) <b>ALL REGISTRATION FEES ARE NON REFUNDABLE!</b>		
Check: ___ Lion ___ LEO ___ Guest	<b>Is this your 1<sup>st</sup> Time attending the District 4-C5 Convention? ___ YES ___ NO</b>	
<b>CLUB:</b>		
<b>LAST Name:</b>	<b>First Name:</b>	
<b>Phone – Home #:</b>	<b>Phone – Cell #:</b>	
<b>Address:</b>	<b>Email:</b>	
<b>City:</b>	<b>State:</b>	<b>Zip:</b>
Print <b>TITLE</b> preferred on the Convention Badge:		

<b>MEAL OPTIONS: Indicate what meals you will be purchasing</b> Meal choices & costs are not confirmed yet.		
<b>FRIDAY Dinner</b>		
<input type="checkbox"/>	Italian Buffet	
<b>SATURDAY Breakfast</b>		
<input type="checkbox"/>	The Traditional	
<b>SATURDAY Lunch</b>		
<input type="checkbox"/>	Strawberry Fields Salad	Roast Turkey BLT Croissant
		Cobb Salad
<b>SATURDAY Dinner</b>		
<input type="checkbox"/>	Salmon Filet	Chimichurri Flank Steak
		Roasted Eggplant and Vegetables
<b>SUNDAY Breakfast Buffet</b>		
<input type="checkbox"/>	American River	
<b>Special Dietary Needs</b>		
<b>CIRCLE ONE PLEASE:</b> Diabetic      Vegetarian      Vegan      No Beef      No Chicken		
Other: _____		

**Hotel Information – Please provide information regarding your hotel reservation:**  
**(Hilton Sacramento Arden West, 2200 Harvard Street, Sacramento CA)**

What Name is the Hotel Reservation made under?

\_\_\_\_\_

Who will be sharing the room? (maximum of 4 occupants per room)

**Occupant # 1** \_\_\_\_\_ **Occupant #3** \_\_\_\_\_

**Occupant # 2** \_\_\_\_\_ **Occupant #4** \_\_\_\_\_

We will be arriving on: (choose 1) \_\_\_ Thu, 5/2/24 \_\_\_ Fri, 5/3/24 \_\_\_ Sat, 5/4/24

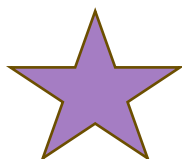
We will be leaving on: (choose 1) \_\_\_ Sat, 5/4/24 \_\_\_ Sun, 5/5/24 \_\_\_ Mon, 5/6/24

**Total Room Nights:** \_\_\_\_\_

<b>REGISTRATION FEES</b>				
		<b>Cost:</b>	<b>Quantity:</b>	<b>Total:</b>
<b>EARLY BIRD Registration Fee *</b>	<b>Received on or before November 11, 2023</b>	\$20 per person		\$
Regular Registration Fee	November 12 – February 11, 2024	\$40 per person		\$
Late Registration Fee	February 12 – March 31, 2024	\$75 per person		\$
<b>Post Late Registration</b>	<b>April 1 - April 30, 2024</b>	<b>\$100 per person</b>		\$
Leo Registration	<b>MUST REGISTER BY MARCH 30, 2024</b>	NO Charge	N/A	
<b>MEAL PACKAGE</b>				
<b>Make sure to indicate your meal choices</b>		<b>Cost: \$300.00</b>	<b>Quantity:</b>	<b>Total:</b>
5 Meals – F Din, Sat B, Sat L, Sat D, Sun B	Meal choices & costs are not confirmed yet.	<b>\$100 deposit per person is due with registration</b>		\$
<b>ALL MEAL SELECTIONS AND PAYMENTS MUST BE MADE BY MONDAY, APRIL 22, 2024</b>				
<b>ALA CARTE MEALS ONLY</b>				
Individual Meals			<b>Quantity:</b>	<b>Total:</b>
Friday Dinner	ADULT	\$89 per person		\$
Saturday Breakfast	ADULT	\$48 per person		\$
Saturday Lunch	ADULT	\$55 per person		\$
Saturday Dinner	ADULT	\$96 per person		\$
Sunday Breakfast Buffet	ADULT	\$67 per person		\$
<b>Final payment must be received by April 22, 2024. Meal refunds are available up to April 22, 2024.</b>		<b>TOTAL COST:</b>		\$
		<b>DEPOSIT:</b>		\$
		<b>BALANCE DUE:</b>		\$

**Make all checks payable to District 4-C5**

Mail all Registration Forms and payment to Lion Jeri Wartena at the address below. If you have any questions, please contact:



**Jeri Wartena, Housing & Registration Chair**  
**7865 Lakeport Circle, Elverta, CA 95626**  
**Cell Phone: (916) 217-9486**  
**Email: [wartena@comcast.net](mailto:wartena@comcast.net)**

<b>FOR OFFICE ONLY:</b>			
<b>Name:</b>	<b>Date Received:</b>	<b>Amount:</b>	
	<b>Check #:</b>	<b>Balance Due:</b>	