



**MIDWESTERN ONTARIO District of OPTIMIST INTERNATIONAL
32nd ANNUAL CONVENTION Registration Form**

~ ~ ~ August 10, 11, 12, 2018 ~ ~ ~

Sunbridge Hotel & Conf. Centre, 200 Holiday Inn Drive Cambridge, ON N3C 1Z4

for information call Registrar ~ Opt. Anne Van Niekerk at (519) 662-1754 , email at awvannieke@gto.net

MEMBER INFORMATION (Please print clearly)		REGISTRATION/TICKETS/ACTIVITIES REQUIRED			
1st Member's Name:		COMPULSORY	#	Each	TOTAL
Club Name & Zone:		Member Registration		\$ 20.00	
Address:		Non-Memb.Spouse/Partner - Registration			
		~ Partner's Activity Day (Sat. 9:00 am) - on your own			
Phone Number (519)		TICKETS - OPTIONAL (registration required to purchase tickets)			
E-Mail Address		~ Opening Ceremonies (Friday 8:00 pm)		N/C	
2nd Member's Name:		~ Fellowship Breakfast (Sat. 6:59 am)		\$ 18.00	
Club Name & Zone:		~ MWOnt District BBQ Lunch (Sat.12:00 pm)		\$ 5.00	
Address:		~ "TRUCKING FORWARD" Banquet (Sat. 6:30 pm)		\$ 30.00	
		~ "Trucking FORWARD" & 2018-19 Lunch (Sun.11: am)		\$ 24.00	
Phone Number (519)		~ Children's Activity			
E-Mail Address		Dietary Restrictions/Food Allergies: _____		TOTAL ORDER	
Children's Names -	Age	Partner's /Guest's Name:		\$	

Make cheques for Registration & Activities payable to:
MIDWESTERN ONTARIO DISTRICT OPTIMISTS
Cheques may be post dated to **July 15, 2018.**
Pre-Registration is required so that we may plan wisely.

RIBBONS REQUIRED: Please check all that apply

First Timer*	Lieutenant. Gov	O.I.F. Club Rep	Secretary	Governor
President	Lt. Gov. - Elect	Life Member	Treasurer	Governor Elect
President-Elect	District Chair	Past O.I. V-P	Secretary/Treasurer	Past Governor

* NOTE: a FIRST-TIMER is a member who is attending any Quarter Board or Convention for the FIRST TIME

HOTEL RESERVATIONS: through REGISTRAR

Check in time is 3:00pm and Check out time is 11:00 am... **room must be booked by July 15, 2015**

Hotel Room Nights Choose: [] 1 King Bed : **\$99.00** plus taxes;
(circle 1): **Friday** or [] 2 Double Beds : **\$99.00** plus taxes;
Saturday
Both

Room Occupancy - **Adults** ____?
Children ____?

Special needs/requests: _____



Rooms are limited, and assigned on **FIRST COME, FIRST SERVED BASIS**, so book early.
We will call you if we require your CREDIT CARD NUMBER ... Hotel will need it at check-in.

Keep this portion for notes about your registration:

MAIL or GIVE COMPLETED FORM to:

Chq.#	
Amt \$	
Room/Bed Req'd:	
Registrations:	
Breakfasts:	
Lunches:	
Dinners:	



Registrar: Opt. Anne Van Niekerk

6 Spruce Lane

New Hamburg, ON N3A 2G6

Phone: (519) 662-1754

Email - awvannieke@gto.net