DAY COMMUTERS Meal Registration Form

For the 2016 Knights of Columbus State Convention

Friday April 29 – Sunday May 1, 2016 Capitol Plaza Hotel 100 State Street Montpelier, VT 05602 802-223-5252 or 800-274-5252 Fax 802-229-5427

EMAIL: abruce@capitolplaza.com

This registration form is to be used by attendees who are **NOT** staying overnight.

Name(s):				
Street Address: _				
		Zip:		
	Fax:			
	# of Adults X Cost	# of Children X Cost	= <u>Subtotal</u>	
Friday April 29, 201		(ages 3-12)		
Lunch	X \$25.00	X \$16.00		
Dinner	X \$37.00	X \$20.00		
Saturday April 30, 2	.016			
Breakfast	X 19.00	X \$14.00		
Lunch	X \$25.00	X \$16.00		
Dinner	X \$37.00	X \$20.00		
Please Choose Dinn	er Entree: Prime	e Rib Adults	Children	
	Hadd		Children	
	Veget		Children	
Sunday May 1, 201	6			
Brunch		X \$14.00		
	(Meal prices	include tax and gratuity)		
DAY COMMUTER Meal Total			\$	

Please Mail by April 20th with payment or credit card to: Capitol Plaza Hotel Attn: Anna Bruce

100 State Street
Montpelier, VT 0560

Montpelier, VT 05602