**REGISTRATION & MEAL RESERVATIONS FOR GFWC VIRGINIA CONVENTION 2023**

1. This form must be **postmarked by April 7 (Friday).** After April 7 **LATE** **registration fee will be an additional $10.00**
2. Requests for meal refunds must be made by April 7 in order to be considered. **Registration fees of $45 are non-refundable.**
3. Please PRINT or TYPE all information and duplicate this form if more than six (6) members are to be registered.
4. List highest CURRENT position (GFWC, state, district or club) held by each person registered.
5. Check appropriate meal boxes for each member registered; after reviewing menus please explain any dietary restrictions for specific members.
6. Be sure to check appropriate box for members attending their **FIRST** state meeting as “*first time attendee.”*
7. Make **ALL** checks payable to **GFWC Virginia**. Generals send checks/forms to Linda Holsclaw; Juniors send checks/forms to Tara Widener

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| ***NAME of MEMBER*** | ***CURRENT POSITION***  | ***Delegate*** ***or Visitor***  | ***Registration******$45.00*** | ***Alice******Kyle******Banquet******$47.00*** | ***Saturday******Breakfast******$29.00*** | ***Saturday******Dogwood******Lunch******$35.00*** | ***Marjorie Branch******Banquet******$47.00*** | ***Sunday******Brunch******$28.00*** | ***1907 Society******($19.07)*** | ***First******TimeAttendee?*** |
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|  | **TOTALS:****Amt. of Check:****Amt. of PayPal:** |  | **#****$** | **#****$** | **#****$** | **#****$** | **#****$** | **#****$** | **#****$** | **#** |

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| Club Name: |  | **District:** |  | Check One: 🞏 General 🞏 Junior 🞏 Juniorette |
| Form Submitted by: |  | Phone Number:  |  |
| **Address:** |  |

**General Clubs Mail To:** Linda Holsclaw **Junior Clubs Mail To:** Tara Widener

 10202 Delray Court and 87 Neff Drive

 Glen Allen, VA 23060 **Juniorette Clubs** Stuarts Draft, VA 24477

 Phone: 804/305-1333 Phone: 540-290-5923

 e-mail:credentials@gfwcvirginia.org e-mail: credentialsjr@gfwcvirginia.org

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| **SPECIAL DIET ~ Please indicate any special food needs for member(s): NAME:** |  |
| **FOOD ALLERGIES:** |  | **VEGETARIAN MEAL:** |  | **DIABETIC:** |  |