



**109<sup>th</sup> Tennessee State Council  
Annual Convention**

**Knights of Columbus**

Friday, April 27, 2012 to Sunday, April 29, 2012  
Franklin Marriott Hotel, Cool Springs  
Franklin, Tennessee 888/403-6772

**Convention Registration Form**

Wife's Name: \_\_\_\_\_  
Other Family Members: \_\_\_\_\_

Delegate Please Circle: **YES** or **NO**

Arrival Date: \_\_\_\_\_

\*\*Fee does not apply for Knights only attending the evening banquet

**Delegate Package Order Form: Please fill in completely and return at the  
State Mid-Year meeting JANUARY 7, 2012**

*Registration includes all fee's, 1 Banquet ticket, 1 Souvenir gift, 1 Saturday lunch. All Prices are per person*

Item	Qty.	Cost	Total
Knight Registration Fee, Banquet Dance & Souvenir		<b>\$135.00</b>	
Lady's Registration Fee, Banquet Dance & Souvenir		<b>\$135.00</b>	
Ladies Saturday & Sunday Program		<b>Included</b>	
Youth Package Saturday Program		<b>\$40.00</b>	
<b>**Non Registered Attendee Fee</b>		<b>\$35.00</b>	
Additional Banquet Ticket		<b>\$55.00</b>	
Additional Convention Souvenir Gift		<b>\$15.00</b>	
Men's Convention Golf Shirt (include size)	<b>Qty: Size:</b>	<b>\$38.00</b>	
Ladies Convention Golf Shirt (Include Size)	<b>Qty: Size:</b>	<b>\$38.00</b>	
Delegate or Ladies additional Lunch Ticket (if not registering)		<b>\$35.00</b>	
<b>SPECIAL DIETARY NEEDS (Please Specify)</b>			
	<b>Sat. Lunch</b>		
	<b>Sat. Banquet</b>		
	<b>Grand Total:</b>	<b>\$</b>	

**Make all check payable to: Knights of Columbus Tennessee State Council**

**Mail all checks to State Convention Manager: Michael J. Porter**

**4229 Brackenwood Drive Old Hickory, TN. 37138**

**(615) 847-4295 e-mail: [mjpknight9282@aol.com](mailto:mjpknight9282@aol.com)**

*Registration fee after March 1, 2012 will increase to \$185.00 per person*

***No Cancellations after April 15, 2012 - No Registrations will be accepted without payment***

*Please retain a copy of this form for your records*

**DEADLINE TO REGISTER: State Mid-Year Meeting January 7, 2012**

Please Print Legibly:  
MEMBERSHIP #: \_\_\_\_\_  
Name: \_\_\_\_\_  
Council #: \_\_\_\_\_ Office: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_  
State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Email: \_\_\_\_\_

**\*\*\* If you require a special meal please make a special note on this form**

For State Council Use Only:

File #: \_\_\_\_\_ Date Received: \_\_\_\_\_ Amount Received: \_\_\_\_\_ Check #: \_\_\_\_\_