



FAMILY NIGHT CELEBRATION RESERVATIONS

Submit this form with payment Sunday, June 14, at registration!

Name of Conferee _____

Guest Name _____

Guest Name _____

_____ Attending X \$15.00 per person = Total Due _____

Please make checks payable to: District Rotary Youth Leaders Conference

****NOTE – There is no cost for Conferees to attend the Family Night Celebration!****

For Office Use Only:

Total Paid: _____

Method of Payment: __Cash __Check # _____