



Meeting Registration and Fees for Membership/Investees

Please note: Hotel reservation is separate

<i>Knight, Dame, Priest Knight, or Investee</i>	<i>Rank</i>	<i>Preferred Name on Name Tag</i>	
<i>Additional Knight, Dame, or Investee</i>	<i>Rank</i>	<i>Preferred Name on Name Tag</i>	
<i>Address</i>	<i>City</i>	<i>State</i>	<i>Zip Code</i>
<i>Telephone Number</i>	<i>Email Address (registration will be confirmed via email)</i>		

Registration Fees for Members/Investees \$850 per registrant / \$900 per registrant after August 15th

Before August 15th: _____ x \$850.00 = \$_____ If attending Friday night add \$25=\$_____

After August 15th: _____ x \$900.00 = \$_____ if attending Friday night add \$30=\$_____

Please note the number of attendees for meals and events:

Friday: Museum Reception Dinner: _____

Saturday: Breakfast: _____ Lunch: _____ Dinner: _____ Vigil & Promotion Ceremony _____

Sunday: Breakfast: _____ Lunch: _____ Dinner: _____

Monday: Breakfast: _____ Will be attending Monday Morning Mass (#of attendees): _____

Please indicate the number of attendees utilizing provided roundtrip transportation:

Friday: Western Reserve Car Museum

Saturday: St. Stanislaus

Sunday: Sacred Heart of Jesus

Non-Member Guest Information

Non-Member Guest (Full Name) *Preferred Name on Name Tag*

Non-Member Guest (Full Name) *Preferred Name on Name Tag*

Guest Dinner Fees \$85 per guest per dinner / \$100 per guest per dinner after August 15th

Before August 15th: _____ x \$85.00 = \$_____

of dinners

After August 15th: _____ x \$100.00 = \$_____

of dinners

Please indicate the number of guests per dinner:

Friday: Reception: _____ **Saturday:** Dinner _____ **Sunday:** Dinner _____

Payment Information

- I cannot attend the weekend, but I would like to make a donation
- I am attending the weekend

Registrations \$ _____
Dinner Guests \$ _____
Additional Donations \$ _____
Total Amount Due \$ _____

By Check

Please make checks payable to:
Order of the Holy Sepulchre
and send with your completed 3-page Registration Form.

By Credit Card

- VISA
- MASTER CARD
- DISCOVER
- AMERICAN EXPRESS

Name on Card: _____

Credit Card Number: _____

Expiration Date: _____ Security Code: _____

Billing Address: _____

By Zelle

anna.eohsj@gmail.com

Food Allergy Concerns

Please note any allergies or dietary restrictions: _____

Please note the number for type of dinner for each attendee:

	Meat	Fish	Vegetarian
Saturday			
Sunday			

Mobility Issues

Please note any mobility concerns or accommodations: _____

Hotel

Please indicate which hotel you have booked for this event:

- Hotel Cleveland I have not made hotel arrangements yet
- Other Hotel: _____

Clergy Information

Will you be concelebrating Mass on: Saturday, Sunday Mon

Hearing Confessions by 30-minute spots

Saturday (9/13) 1:00pm-2:30pm *St Stanislaus:*

1:00pm 1:30pm 2:00pm

Sunday (9/14) 6:30am-8:30am *Hotel Cleveland:*

6:30am 7:00am 7:30am 8:00am

Sunday (9/14) 12:30pm-1:30pm *Sacred Heart of Jesus:*

12:30pm 1:00pm

Please bring Alb and Stole as appropriate.

DUE: Return this form at your earliest convenience, but before August 15th, 2025. After August 15th, the registration fee increases to \$900.00 per registrant and \$100.00 per guest dinner.

Cancellation Policy: 100% prior to August 15th. 50% refund if cancellation occurs between August 16th and September 1st.

Please mail this 3-page registration form to:

EOHSJ NCL attn: Sir Robert Hostoffer

15 East Hanna Lane, Bratenahl, Ohio
44108

If you prefer to email your registration form or if you have questions, please use the following email address: cle2026.eohsj@GMAIL.COM