



The York Rite of the District of Columbia 2016 Grand Session Registration Form

Your York Rite Committee has been working hard this year to deliver a session to you that is affordable and enjoyable. Moving to the Scottish Rite allows us to offer FREE parking this year.

All meetings will take place at the DC Scottish Rite Center
2800 16th Street, NW
Washington, DC 20007

Grand Commandery Convenes on Friday March 18 at 1PM

Grand Banquet starts with a social hour at 7PM

Grand Council starts on Saturday March 19 at 9AM

We are offering a simple lunch at noon on Saturday

Grand Chapter Starts on Saturday March 19 1PM

Friday Night Dinner: Friday night's dinner features a meat, a fish and a vegetarian dish and priced at \$65.00 a person

Saturday Lunch: Saturday's lunch will be sandwiches similar to Grand Lodge at priced at \$15.00 a person

Host Hotel: Our host hotel is the Hotel Lombardy 2019
Pennsylvania Ave NW, Washington, DC 20006
Rooms are available for \$129 a night
Suites for \$179 a night

REGISTRATION IS DUE BY FEBRUARY 12, 2015

Organization Registration Form

Organization Name: _____

Secretary Name: _____

Secretary Email: _____

Secretary Phone: _____

Friday Night Dinner: Please indicate the Number of meals

_____	Fish			
_____	Beef			
_____	Vegetarian			
_____	Total X	\$65	=	_____

Saturday Lunch : Please indicate the Number of meals

_____	Total X	\$15	=	_____
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Hotel Rooms

_____	Regular Rooms	(\$129)
_____	Suite Rooms	(\$179)

Please Remit this form with your payment to

Peter Brusoe

2800 Woodley Road, NW 13

Washington, DC 20008

Questions: Email PWBrusoe@gmail.com

or phone 518-588-3631

Individual Registration Form

Name: _____

Street Address: _____

City: _____ State _____ Zip _____

Guest Name (If applicable): _____

Friday Dinner: Please indicate the Number of meals (\$65)

_____ Fish _____ Beef _____ Vegetarian

Saturday Lunch : Please indicate the Number of meals

_____ Total X \$15 = _____

Hotel Rooms

_____ Regular Rooms (\$129)

_____ Suite Rooms (\$179)

Date of Arrival: _____

Date of Departure: _____

Please Remit this form with your payment to

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