

CALIFORNIA FEDERATION OF WOMEN'S CLUBS
123rd Annual Convention
Credential AND Meal Reservation Form
DEADLINE: April 20th

Please return this form with check payable to CFWC Convention Fund. (Make a copy for your records). Registration and Meal Reservations must be received by: April 20th Mail check and form to: Kathi McGraw, 4584 Sherington Ct., Cypress 90630 kathi_mcgraw@yahoo.com
PLEASE TYPE or PRINT CLEARLY

NAME _____ AREA _____

DISTRICT NAME _____ CLUB NAME _____

YOUR ADDRESS _____ CITY _____ ZIP _____

EMAIL: _____

SIGNATURE _____ PHONE _____

CREDENTIAL

Position – Indicate which you represent

- R-1 _____ CFWC Officer
- R-1A _____ CFWC Chairman
- R-1B _____ CFWC Committee Member
- R-1C _____ Past CFWC President

- R-2a _____ District President
- R-2b _____ District 1st Vice President

- R-3a _____ Club President
- R-3b _____ Club Delegate
- R-4 _____ Member (non-voting)
- R-5 _____ Juniorette
- R-6 _____ Guest

If you are bringing a guest for meal function, please send Registration forms together and note guest name

REGISTRATION FEES:

- CFWC Member \$20.00 _____
- Registration fee AFTER DEADLINE \$30.00 _____
- Guest - 0 - _____

MEALS

Thursday – May 14

- M-1 Emeritus (See Page 3) _____ \$48.00 _____
- M2 Banquet _____ \$58.00 _____

Friday – May 15

- M-3 ESO _____ \$45.00 _____
- M-4 Lunch _____ \$55.00 _____
- M-5 Banquet _____ \$58.00 _____

Saturday – May 16

- M-6 LEADS(See Page 3) _____ \$42.00 _____
- M-6 Luncheon _____ \$58.00 _____
- M-7 Banquet _____ \$65.00 _____

PREFERENCE*

R V

TOTALS

- Registration \$ _____
- Meals \$ _____

**PLEASE INDICATE IF YOU USE A MOTOR
POWERED SCOOTER/CHAIR**

TOTAL ENCLOSED _____
(Includes Registration & Meals)

Check Number/Date _____ / _____

Zelle/Date _____ / _____

***Mark R for regular meal or V for Vegetarian**

MEDICAL DIETARY REQUESTS ONLY ! _____