

Reservation for An Adventure in the Sierras

Please Print Information (prices quoted are per person) **YOU MUST BE A CAC MEMBER TO ATTEND THE CONVENTION.**

Name _____ Name on Name Tag _____

Address _____ City _____ St _____ Zip+4 _____

Phone: Day _____ Night _____ Email _____

CAC of _____ Delegate Yes 1st CACI Convention Yes

Current Office Held: _____ Local Regional CACI

Male Female Smoker Nonsmoker **Roommate:** Smoker Nonsmoker Don't Care

Emergency Contact: _____ Phone _____

Special Needs: ADA or Dietary. Please specify: _____

	Double	Single	
Postmarked by: May 17 - EARLY BIRD RATE	\$ 699	\$1030	
May 18 - June 17	\$ 724	\$1055	
After June 17	\$ 749	\$1080	\$ _____
Extra nights - rate per night per person (indicate dates below)	\$ 66	\$ 132	\$ _____

- Wed., July 23 Thurs., July 24
 Fri., July 25 Fri., Aug. 1
 Sat., Aug. 2 Sun., Aug. 3

Credit Card Use Privilege \$25 \$ _____

Chaplain's Fund Contribution \$ _____

Sub-total \$ _____

First Timers \$100 Discount \$ _____

Club Presidents \$50 Discount \$ _____

Convention Total \$ _____

Tour Total \$ _____

GRAND TOTAL \$ _____

ROOMMATES: If you and a friend have agreed to room together, please specify below. If you submit a reservation at a double rate and do not specify a room-mate, an attempt will be made to match you with one. However, a match cannot be guaranteed.

Roommate's Name: _____

RESERVATIONS ACCEPTED AFTER JUNE 17TH WILL BE BASED ON SPACE AVAILABLE.

CANCELLATION FEE: \$50.00 NO REFUNDS WILL BE MADE AFTER JULY 1ST.

Method of Payment: **Check**

(Please make check payable to CACI)

Credit Card: (\$25.00 credit card use privilege)

MasterCard Visa

C C# _____ Exp. Date _____

Signature _____

ARRIVAL SCHEDULE: Date _____ Time _____

WAIVER OF LIABILITY

In consideration of my authorized attendance and participation in the CACI Convention July-August 2003, I, intending to be legally bound, do, hereby, for myself, my heirs and executors, and administrators and assigns, waive, release, and forever discharge any and all rights and claims which I may have or which may hereafter accrue to me against Catholic Alumni Clubs International, Inc. and any officer or member of said organization participating in, conducting, or responsible for the conduct of said convention, for any and all injuries suffered by me while traveling to and from this event or participating in this event. **In the event that I choose to change my room status, roommate, or any aspect of my reservation after confirmation and without prior approval of the convention staff, I agree to pay all charges generated by my changes and I agree that CACI is not liable for said incurred cost.**

SIGNATURE _____ **DATE** _____

Will you participate in: Tennis Golf Volleyball Talent Show Can you serve as Eucharistic Minister? Yes

SEND COMPLETED RESERVATION AND TOUR FORMS WITH PAYMENT TO:

BOB GIARDINA

4905 Clearview Parkway, Metairie, LA 70006

(504) 456-0303(CST)