

Renaissance World of Golf | St. Augustine
June 25, 2025 – June 28, 2025

Forms received after May 31st will be based on room availability.

The sessions begin on Thursday, June 26th end with Installation on Saturday evening, June 28th

REGISTRATION INFORMATION
(Registration Fee \$25.00 per person)

1. **First & Last Name:** _____
Title: _____
**Food Allergies/
Special Meals** _____ **Meal
Plan**
2. **First & Last Name:** _____
Title: _____
**Food Allergies/
Special Meals** _____ **Meal
Plan**
3. **First & Last Name:** _____
Title: _____
**Food Allergies/
Special Meals** _____ **Meal
Plan**
4. **First & Last Name:** _____
Title: _____
**Food Allergies/
Special Meals** _____ **Meal
Plan**
5. **First & Last Name:** _____
Title: _____
**Food Allergies/
Special Meals** _____ **Meal
Plan**
6. **First & Last Name:** _____
Title: _____
**Food Allergies/
Special Meals** _____ **Meal
Plan**
7. **First & Last Name:** _____
Title: _____
**Food Allergies/
Special Meals** _____ **Meal
Plan**

ROOMING REGISTRATION

All rooms cost \$118.00 per night and can sleep 1-4 people.
The rate of \$118 per night is available for 2 nights before and 2 nights after.

Room 1

First & Last Name	Arrival Date	Departure Date	
_____	_____	_____	
_____	_____	_____	
_____	_____	_____	
	Total # Nights	_____	X \$118 = _____

Room 2

First & Last Name	Arrival Date	Departure Date	
_____	_____	_____	
_____	_____	_____	
_____	_____	_____	
	Total # Nights	_____	X \$118 = _____

MEAL REGISTRATION

This plan includes lunch and dinner for Thursday – Saturday and breakfast on Saturday.
The Meal Plan cost is \$212.50 per person. Individual meals are available for purchase below.

Meal Plan:

Total Number of Meal Plans for those registered _____ X \$212.50 = _____

Individual Meals:

Name	Thurs. Lunch	Thurs. Dinner	Fri. Lunch	Fri. Dinner	Sat. Brkfst	Sat. Lunch	Sat. Dinner	
_____	_____	_____	_____	_____	_____	_____	_____	
_____	_____	_____	_____	_____	_____	_____	_____	
_____	_____	_____	_____	_____	_____	_____	_____	
Total Number of each Meal	_____	_____	_____	_____	_____	_____	_____	
Cost per Meal	\$32	\$39	\$32	\$39	\$27	\$30	\$39	
Total Cost of each Meal	_____	_____	_____	_____	_____	_____	_____	
	Total Costs of Individual Meals							_____

GRAND ASSEMBLY WORKSHEET

Total Costs of Rooms

No. of Room _____

Total No. of Nights _____ x \$118.00 _____

Total Costs of Registration _____ = x \$25.00 _____

Total No. of Meal Plans _____ = x \$212.50 _____

Total Cost of Individual Meals _____

Total Owed to Grand Assembly _____

Please make checks payable to **Grand Assembly of Florida**
& mail to Lisa Locke, 23B Lake Breeze Dr., Tavares, FL
32778