

**EVERY ADVENTURE REQUIRES A FIRST STEP
80TH GRAND ASSEMBLY SESSION**

International Order of Rainbow for Girls

**Out of State Guest
Registration Form**

Questions Email gmchrist.bc@gmail.com

**Renaissance World of Golf / St. Augustine
June 24, 2026 - June 27, 2026**

Forms received after May 31st will be based on room availability. All meal requests must be received by June 15th. The meal plan includes lunch and dinner on Thursday, Friday and Saturday. It also includes breakfast on Saturday. The sessions begin in the afternoon of Thursday June 25th and end with Installation on Saturday evening, June 27th.

Email: _____ **Phone:** _____

First & Last Name: _____ Affiliation _____
Title: _____
Food Allergies/ _____ Meal
Special Meals _____ Plan

First & Last Name: _____ Affiliation _____
Title: _____
Food Allergies/ _____ Meal
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Food Allergies/ _____ Meal
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ROOM REGISTRATION

All rooms cost \$121.00 per night and can sleep 1-4 people. The rate of \$121.00 per night is available for 2 nights before and 2 nights after.

Room 1

First and Last Name	Arrival Date	Departure Date	
_____	_____	_____	
_____	_____	_____	
_____	_____	_____	
_____	_____	_____	
	Total # Nights	X \$121	= _____

Room 2

First and Last Name	Arrival Date	Departure Date	
_____	_____	_____	
_____	_____	_____	
_____	_____	_____	
_____	_____	_____	
	Total # Nights	X \$121	= _____

MEAL REGISTRATION

The Meal Plan will include lunch and dinner for Thursday - Saturday and breakfast on Saturday. The Meal Plan cost is \$212.50 per person. Individual meals are also available. All visiting Grand Officers and Grand Representatives will be our guest for the Friday Night Formal Banquet. You do not need to order a meal for that night.

Meal Plan

Total number of Meal Plans for those registered _____ x \$212.50 = _____

Please place a 1 in the column for the meal(s) the individual wants.

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	\$32	\$39
Total Cost for Each Meal	_____	_____	_____	_____	_____	_____	_____
	Total Cost of Individual Meals						_____

GRAND ASSEMBLY WORKSHEET

Meal Reservations Due by June 15th

No. of Rooms	_____			
Total No. of Nights	_____	x	\$121.00	= _____
Total No. of Meal Plans	_____	x	\$212.50	= _____
Total Cost of Individual Meals Total				_____
Owed to Grand Assembly				_____

Payment by Zeffy at <https://www.zeffy.com/en-US/donation-form/grand-assembly-2026-payments>

For other payment options please email Bonnie Christian gmchrist.bc@gmail.com

Save file with the Title **2026 OutofStateGuestXXX**. Using your Last Name instead of XXX

Email file to reservations@fliorg.org

For any questions or additional information, email Bonnie Christian - gmchrist.bc@gmail.com