# Kiwanis

California-Nevada-Hawaii District

# 2022 DCON - Change Sheet

Kiwanian’s Name

(as you wish it to appear on the name badge) (Last Name) (First Name)

Club Name Division \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Spouse/Guest Name

(as you wish it to appear on the name badge) (Last Name) (First Name)

If spouse is a Kiwanian, Club Name Division \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address (include city, state and zip) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Preferred Contact # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**REGISTRATION** Fee per Kiwanian \_\_\_\_\_\_\_\_ x $200.00 = $\_\_\_\_\_\_\_\_\_ (410.02)

**MEALS**

**Inspirational Breakfast** \_\_\_\_\_\_\_\_ x $36.00 = $\_\_\_\_\_\_\_\_\_\_ (412.09)

**Awards Luncheon (Salmon)** \_\_\_\_\_\_\_\_ x $62.00 = $\_\_\_\_\_\_\_\_\_\_ (412.07)

*If you prefer a* ***Vegetarian*** *meal, please check box*

**Foundation Honors Breakfast** \_\_\_\_\_\_\_\_ x $36.00 = $\_\_\_\_\_\_\_\_\_\_ (205.11)

*Invited recipients and one guest are complimentary* \_\_\_\_\_\_\_\_ x $ 0.00 = $ (COMP)

**Inter-club Luncheon (Steak)** \_\_\_\_\_\_\_\_ x $62.00 = $\_\_\_\_\_\_\_\_\_(412.03)

*If you prefer a* ***Vegetarian*** *meal, please check box*

**Installation Dinner with Concert** \_\_\_\_\_\_\_\_\_ x $100.00 = $\_\_\_\_\_\_\_\_\_\_ (412.10)

**SHORT RIB**

**VEGETARIAN**

**Concert (No Dinner)** \_\_\_\_\_\_\_\_\_ x $30.00 = $\_\_\_\_\_\_\_\_\_\_ (412.10)

**Rose Float Inter-Club Breakfast** \_\_\_\_\_\_\_\_\_ x $36.00 = $\_\_\_\_\_\_\_\_\_\_ (412.11)

🞏 Special dietary or accommodation needs under ADA **TOTAL $\_\_\_\_\_\_\_\_\_\_\_\_**

Explain here: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Payment Method –**  **Credit card  Check**

Card Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature

Billing Address City State Zip Code \_\_\_\_\_\_\_\_\_\_

Card Number ­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­­­­\_\_­­­­\_\_ Expiration Date \_\_\_\_\_\_\_\_\_\_\_\_\_ Security Code\_\_\_\_\_\_\_\_\_\_

***Office Use Only:***  Payment Processed & Date: \_\_\_\_\_\_\_\_\_\_\_\_\_

Entered into Registration and Meal Change S/S

Entered into Quickbooks: Check # **\_\_\_\_\_\_\_\_\_\_**