



REGISTRATION FORM
 California Garden Clubs, Inc. – 2019 Fall Board Meeting
 September 30-October 3, 2019
"Moving Forward"

Red Lion Hotel, 1830 Hilltop Drive, Redding, CA 96002

Host: Cascade District

Co-chairs Kathy Bramhall jnkbramhall@gmail.com & Carolyn Hoyum hoyumshut@frontiernet.net

All attendees MUST register...ONE person per registration form

Last day to register is September 16, 2019--NO registrations will be accepted when postmarked Sep 17 or later

NAME: _____ Telephone: _____
 (write/type as you wish name to appear on name badge)

Email: _____ CGCI Board Position: _____

Club/APS/Affiliate: _____ District: _____

Circle one: Board Member Spouse/Guest Cascade District Worker

Part I: PACKAGE PLAN REGISTRATION – Check full-time meal choices in Part III. Includes Tue & Wed dinner and Wed lunch & registration fee

Early bird postmarked on or before Aug 26	\$159	\$ _____
Postmarked between Aug 27 & Sep 16.....	\$189	\$ _____

Part II: PART-TIME REGISTRATION – Meal choices in Part III.

Early Bird Registration postmarked on or before Aug 26	\$40	\$ _____
Registration: Postmarked between Aug 27 & Sep 16.....	\$70	\$ _____
Registration: Spouse, Companion, or Cascade District Worker	\$00	WAIVED

Part III: MEALS Full-time & Part-time Meal Selection (description of menu items are provided in The Call). Circle One

Tue Oct 1 Dinner	Slow-roasted Tri-Tip (GF)	\$49	\$ _____
	Char-Grilled Salmon (GF) (V).....	\$49	\$ _____
	Eggplant Parmesan (V)	\$49	\$ _____

Wed Oct 2 Lunch	Roast Turkey Club.....	\$28	\$ _____
	Marinated Tri-tip Salad (GF).....	\$28	\$ _____
	Vegetarian Wrap (V) no meat	\$28	\$ _____

Wed Oct 2 Dinner	Mustard-crusted Pork Loin.....	\$42	\$ _____
	Jerusalem-artichoke Chicken (GF).....	\$42	\$ _____
	Cauliflower "steak" (V) used the eggplant price	\$42	\$ _____

Part IV Pre-purchase your Fairy Garden "Kit"	\$25	\$ _____
(includes container, soil, plants, and accessories)		Total Enclosed \$ _____

REFUND POLICY: I understand and accept CGCI's refund policy that NO REFUNDS will be issued after Monday, September 23 and that the remittance will be considered a donation. Please initial _____.

Yes! I would like to make a donation to the Endowment Fund of \$ _____ and/or Scholarship Endowment Fund of \$ _____. Please make your separate donation check payable to "CGCI" and mail with your registration form.

Make checks payable to: Cascade District, send this completed form and check (no cash) to Lynne Caraway, 19145 Country View Drive, Cottonwood, CA 96022-8564
 Email: ahtpojn@aol.com Cell: 714-317-6510

For Office Use
Postmark _____
Amount _____
Check # _____
Confirmation _____
Balance Due or
Refund Due _____
Refund Check _____
Balance Check _____