

**MASONIC DIGNATARIES, ORDER of DeMOLAY
and JOBS DAUGHTERS HOUSING FORM
ILLINOIS GRAND ASSEMBLY
ORDER of the RAINBOW for GIRLS
JULY 4 - 6, 2008**

**HILTON HOTEL
700 EAST ADAMS STREET
SPRINGFIELD, ILLINOIS 62701-1601**

Name of State: _____

| | | |
|--------------|-------------|--|
| Dormitory: | 4 to a room | \$21.25 plus 12% tax per person, per night (\$23.50) |
| | 3 to a room | \$28.33 plus 12% tax per person, per night (\$31.73) |
| Single Room: | | \$85.00 plus 12% tax per night (\$95.20) |
| Double Room: | | \$85.00 plus 12% tax per night (\$95.20) |

ALL CHARGES ARE TO BE PAID AT CHECKOUT

Please give the name, title, address, zip code and phone number for each person attending. Each "Group" is a room, so if more than one room is required, please be sure to separate girls and adults into the appropriate groups to show who you'd like housed together. Use additional sheets if necessary.

| GROUP 1 | | | |
|---------|------|-------|----------------------------------|
| | NAME | TITLE | ADDRESS and PHONE with Area Code |
| 1 | | | |
| 2 | | | |
| 3 | | | |
| 4 | | | |

| GROUP 2 | | | |
|---------|------|-------|----------------------------------|
| | NAME | TITLE | ADDRESS and PHONE with Area Code |
| 1 | | | |
| 2 | | | |
| 3 | | | |
| 4 | | | |

| GROUP 3 | | | |
|---------|------|-------|----------------------------------|
| | NAME | TITLE | ADDRESS and PHONE with Area Code |
| 1 | | | |
| 2 | | | |
| 3 | | | |
| 4 | | | |

MODE OF TRANSPORTATION: _____ (BUS, PLANE, CAR, ETC.)

DATE/TIME OF ARRIVAL: _____

DATE/TIME OF DEPARTURE: _____

CONTACT NAME AND PHONE NUMBER: _____

**MAIL TO: LESLIE CROWE, HOUSING CHAIRMAN, 710 E. THOMAS ST., ARLINGTON HEIGHTS, IL 60004
DUE BY JUNE 1, 2008**

847-590-5808