

2022 Wailing Daughters & Sons and Polished Arrows USA Conference Registration Form June 30 – July 2

Name _____ Chapter _____
Print Name (First Last – as it will appear on ID badge and Hotel accommodations)

Email Address _____ Phone Number _____

Hotel: How Many Nights _____ Check-in day _____ Check-out day _____ Hotel fee _____

Select the number of nights you will be staying and the number of roommates

ROOMING OPTIONS: The below rates apply to 3 nights only

_____ Quad= 4 People in the room, 0 cost per person

_____ Triple= 3 People in the room, \$38 per person

_____ Double= 2 People in the room, \$114 per person

_____ Single (one person in the room) \$342

_____ Family Suite (5 or more people) \$0 per person

If you selected Double, please indicate, if you require 1 King Size bed vs 2 Queen beds -- _____

If you selected Single, please indicate if you require 1 King Size bed vs 2 Queen beds -- _____

HOTEL ACCOMMODATIONS: The Kenilworth, 60 S. South 31st Street , Kenilworth, New Jersey 07033
(Free Airport Shuttle)

Roommate Information, family registration is located on Page 2. Please fill out complete registration form. The cost of registration is \$30 per person. Registration payment for each participant is due at upon arrival at conference site.

Registration Fee \$30.00 per person

people covered on this form _____ Total registration \$ _____

Accepted forms of payment include the following:

Pay by cash, check/money order payable to: Wailing Women Worldwide (on site)

Zelle - wailersusa@yahoo.com

cashApp - [\\$wailersusa](#)

Note: All Registrations must go through Wailing Women Worldwide NOT the Hotel.

Payment can be completed in advance or upon arrival at the conference.

Please Note: Check in at 3:00PM and Check Out at 11:00am

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ROOMMATE INFORMATION (if no preference we will put you into a room.)

ALL the ROOMMATES, MUST BE STAYING the SAME DATES

First Name _____ Last Name _____ State _____
 Email Address _____ Phone Number _____
 How Many Nights _____ Check-in day _____ Check-out day _____ T-Shirt size _____

First Name _____ Last Name _____ State _____
 Email Address _____ Phone Number _____
 How Many Nights _____ Check-in day _____ Check-out day _____ T- Shirt Size _____

First Name _____ Last Name _____ State _____
 Email Address _____ Phone Number _____
 How Many Nights _____ Check-in day _____ Check-out day _____ T – Shirt Size _____

FAMILY REGISTRATION:

Name of Adult: _____ Reg. Fee Paid \$ _____ T-shirt size _____

Name of Adult: _____ Reg. Fee Paid \$ _____ T- shirt size _____

Name: _____ Age: _____ T-shirt size _____

Name: _____ Age: _____ T-shirt size _____

Name: _____ Age: _____ T- shirt size _____

Conference Schedule

<u>Thurs June 30</u>	1:00 PM – Registration 6:00 PM - Dinner 7:00 PM - 9:00 PM
<u>Friday - Sat July 1-2</u>	6:00 AM – 7:00AM Prayer 8:00AM – 8:45 AM breakfast 9:00 AM – 12:00 PM 12:00 PM- Lunch 3:00 PM – 5:00 PM 6:00 PM - Dinner 7:00 PM - 9:00 PM

*Registration Fee (includes conference materials + T-shirt)

*Please indicate any known allergies _____

Conference Meals: Thursday (dinner only), Friday -Saturday (2 meals)

* **Refrigerator/Microwaves provided in each room.**

* **Personal Vehicles** Free Parking at hotel

Virtual Participants (via Zoom)

(Sorry, no refunds)