



ZAF REGISTRATION FORM

Name: _____ **Brother** ____ **Engage** ____
Table: _____ **Attending Captains' Meeting:** Yes ____ No ____
Email : _____ **Cell Phone:** _____
Name of Mate/Guest: _____
Special Dietary Needs: _____

<u>Hotel Dates</u>	<u>One Queen Bed</u> <u>\$255/night</u>	<u>Two Double Beds</u> <u>\$299/night</u>
Wednesday, August 14	_____	_____
Thursday, August 15	_____	_____
Friday, August 16	_____	_____
Saturday, August 17	_____	_____
Sunday, August 18	_____	_____
Monday, August 19	_____	_____
Total Number of Hotel Nights:	_____	_____

Total Cost & Payment

Hotel: _____ nights at \$255/night = \$ _____
 _____ nights at \$299/night = \$ _____
Zaf Cost: _____ people at \$299/person = \$ _____
Lunch Cruise: _____ people at \$69/person = \$ _____
9/11 Memorial Visit: _____ people at \$20/person = \$ _____

Total Cost: \$ _____

25% deposit due by April 1, 2019 / Balance due by June 15, 2019
 All payments are non-refundable. Any exceptions will be reviewed at the Captains' Meeting.

Hotel reservations must be made through the New York Table in order to get our special package.
 Send Registration Form and check payable to **Brotherhood of the Coast, Table of NY Inc.** to:

Joe Citarella
18 Summit Road
Riverside, CT 06878

If you have any questions please call Jane Protzman at 718-885-1517 or email janeprotzman@gmail.com. Due to space constraints the number of participants will be limited. We strongly encourage you to register as soon as possible to ensure your spot for this truly memorable Zaf.

Come to New York and take a bite out of the Big Apple!