

Annual York Rite Sessions 2019

Cape Codder Resort & Spa
1225 Iyannough Road
Hyannis, Massachusetts 02601

Thursday, October 24th–Sunday, October 27th

Reservation Line: (888).297.2200
Front Desk: (508).771.3000

Name: _____

Organization: _____

Office/Title: _____

Lady's Name, if attending: _____

Address: _____

Phone: _____

Email: _____

Room rates are \$125.00 per night, plus tax, for single OR double occupancy (a surcharge may apply for additional occupants), beginning on Wednesday October 23, 2019. This rate does NOT include breakfast. Please be sure to mention that you are with the York Rite Annual Sessions to receive the discounted rate.

Have hotel reservations been made?: (Y / N)

Date made: _____

You must contact the hotel directly for reservations. The deadline to reserve your room is September 24th, 2019 NO EXCEPTIONS on hotel room reservations.

Meal Reservations:

Thursday Welcome Aboard Buffet \$40.00
10/24

Friday Friday Luncheon \$28.00
10/25 Ladies' Program No Charge

Banquet*, Baked Scrod \$40.00
Banquet*, Flat Iron Steak \$45.00

Saturday Saturday Luncheon, \$28.00
10/26 Ladies' Program, No Charge

York Rite Masquerade
Soiree & Buffet \$45.00

Total: _____

The hotel's check in time is 3:00 PM and check out time is 11:00 AM. The hotel will accommodate early arrivals on a 'space available' basis only.

Meal reservations made after October 15th will be accepted on a SPACE AVAILABLE BASIS ONLY. Late registration prices will be \$45.00 for luncheons and \$65.00 for the banquet.

*Banquet dress for gentlemen is tuxedo or commandery uniform, sans chapeau, sword, and gloves. Ladies dress is cocktail or evening attire.

Complete this form with check or completed credit card form to:

York Rite Office
186 Tremont Street,
Suite 405,
Boston, Massachusetts 02111-1014

Please make checks payable to YORK RITE BOSTON

Credit Card Authorization Form

Cardholder Name: _____

(Shown on card)

Card Number: _____

(Mastercard or Visa ONLY)

Expiration Date (mm/yy): _____

Security code: _____ Billing Zip: _____

I, _____ authorize The York Rite Bodies of Massachusetts to charge my credit card