Northeast Clown Institute

January 17-19, 2025: Starting at 9:00 AM Please print LEGIBLY as this information is used for your certificate! ONE student per registration form (Print out more forms if needed)

Date:	Clown Name:	Email:		
Name:		Shrine Center:		
			Zip:	
Phone: _		□ Mobile □ Home □ \	Work	
Five-year NCI offer Please in Balloon c	ny years have you attended Clown of and up attendees — earn points to some tition to all second year are dicate category: ☐ Whiteface ☐ competition: ☐ Single │ ☐ Multiple petition: ☐ Single Person │ ☐ Two I	owards Craftsman and Master Clo nd up students (\$10 entrance fee re Auguste	equired):	
	REGISTRAT	ION DEADLINE: December 15, 202	4	
-	cel registration after December 15, 202 registration after January 1, 2025, will			
Early Bird	d registration fee of \$135 includes S	unday's Award Breakfast		
(A	fter December 15, 2024, registration fee increa	ises to \$145)	=	
A	dditional Sunday Breakfast for a no	on-student / guest: \$27 x	=	
Co	ompetition: \$10 (Makeup/Costume,	, balloons, Skits)	=	
Fr	riday Night Buffet Dinner: \$45 x		=	
	on-refundable per the Hotel)			
			Total =	
There will l	be a hotdog lunch in the hospitality room,	pay at the door. Will you participate? \Box	Yes 🗆 No	
I	Questions? Email: Da	noney order (US funds, drawn on a US ba eau 3 Saw Hill Road Hooksett, NH 03106 avidRouleau@outlook.com OR Call 603-2 your credit card info below and send to t	470-5565	
Cr	edit card number:	Expiration:	Security Code:	
	amo as it appears on eard:		7in Code:	

NORTHEAST CLOWN INSTITUTE

January 16 – January 19, 2025

Hotel 1620 Plymouth Harbor 180 Water Street Plymouth, MA 02360 (508) 747-4900

Rooms will ONLY be reserved through the Housing Chairman. Changes will ONLY be processed through the Housing Chairman.

PLEASE, one reservation form per room.

Group rate: \$99.00 PER ROOM, SINGLE/DOUBLE OCCUPANCY \$20 for each additional person Please apply 11.7% occupancy tax to the above rates.

PLEASE NOTE THE HOTEL IS 100% SMOKE FREE

I/WE WILL ARRIVE ON:	AND D	EPART ON:	
NAME (1)			
NAME (2)			
ADDRESS:			
CITY:	STATE:	ZIP CODE:	
DAY TELEPHONE:	E-MAIL:		
SPECIAL REQUESTS:	be noted in your reservation and		
PLEASE ENCLOSE CHECK MADE PAY CARDS, PLEASE COMPLETE THE SEC RESERVATION. A BLOCK OF ROOM	YABLE TO <u>HOTEL 1620 PLYMO</u> CTION BELOW. YOUR DEPOSIT S IS BEING HELD AT THE GROU LD MAY BE SOLD OUT PRIOR TO	CK OR CREDIT CARD IS REQUIRED F <u>UTH HARBOR.</u> FOR THOSE USING C WILL BE APPLIED TO THE <u>LAST</u> NIGH PP RATE UNTIL DECEMBER 15, 2024. O THIS DATE. WE ENCOURAGE YOU FY.	REDIT IT OF YOUR PLEASE
CREDIT CARD TYPE: CREDIT	CARD NUMBER:		
SIGNATURE:		EXPIRATION DATE:	
NO REFUND WILL BE GIVEN IF:		Today's date:	

- A. A RESERVATION IS CANCELLED OR CHANGED WITHIN 7 DAYS PRIOR TO ARRIVAL
- B. GUEST DOES NOT ARRIVE ON THE DATE SPECIFIED, ROOM IS CANCELLED AND REINSTATEMENT AT GROUP RATE IS SUBJECT TO AVAILABILITY.
- C. EARLY DEPARTURE. DEPOSIT IS APPLIED TO THE LAST NIGHT OF YOUR ABOVE RESERVATION.

CHECK-IN TIME: AFTER 4:00PM ~ CHECK-OUT TIME: BY 11:00AM PLEASE COMPLETE AND MAIL WITH YOUR DEPOSIT TO:

David Rouleau

3 Saw Hill Rd, Hooksett, NH 03106

davidrouleau@outlook.com